FLORIDA	A DEPAR	TMENT	OF STATE	:		
FLORIDA DEPARTMEN  Jim Smith  Secretary of St  DIVISION OF CORPORE			te	FILED -		
00346	84					
ORATION	OF AM	MERICA	•	I S	ECHETARY OF STATE LLAHASSEE FLORID	: )A
Mailing Addr	ress			_		
16041 LA COSTA DRIVE 16041 LA COSTA DRIVE WESTON FL 33326 WESTON FL 33326						
					orated or Qualified ness in Florida 0	4/02/2001
				_		Applied For Not Applicable
Zip		Country		6.	S8	.75 Additional Fee required for a Certificate of Status
d/or Director (Flo	orida nonprofi	· · · · · · · · · · · · · · · · · · ·		<del></del>		
POOLE, RAYMOND E		16041 LACOSTA DR.			WESTON FL 33326	
MORETTI, SALVATORE 33		3303 NE 32ND ST.			FT. LAUDERDALÉ PL 33308	
io	16041	LAC	osta D	۲.	Weston, Fl	33326
				00 117057	00088123 <del>02-01100-026</del>	350 **158.75
: Registered Age	ent		·	9. Name and A	Address of New Registered	Agent
POOLE, RAYMOND E 16041 LACOSTA DR.			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
		S	Suite, Apt. #, Etc	·. ·		
			City		State FL	Zip Code
7006	ORE	QUI		bligations of Secti	on 607.0505, F.S. or 617.050	
	Mailing Additional Land City & State Zip	Mailing Address  16041 LA COSTA DRIVE WESTON FL 33326  hrough incorrect information a  3. New Mailing Office Ad  Suite, Apt. #, etc.  City & State  Zip  d/or Director (Florida nonprof  3 16041 L/  2303 NS  I COSTA DRIVE WESTON FL 33328	Mailing Address  16041 LA COSTA DRIVE WESTON FL 33326  hrough incorrect information and enter col  3. New Mailing Office Address, If Ap  Suite, Apt. #, etc.  City & State  Zip Country  d/or Director (Florida nonprofit corporation  Street  16041 LACOSTA D  3303 NE 32ND ST.  16041 LAC  io leading office  Agent  Registered Agent	Mailing Address  18041 LA COSTA DRIVE WESTON FL 33326  Arough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.  City & State  Zip Country  d/or Director (Florida nonprofit corporations must list at le  Street Address of Eac Officer and/or Directo  16041 LACOSTA DR.  3303 NE 32ND ST.  10  LEGGISTER D  Registered Agent  Name Street Address (in Suite, Apt. #, Etc. City  Nove named corporation, am familiar with and accept the or	ORATION OF AMERICA  Mailing Address  18041 LA COSTA DRIVE WESTON FL 33326  Arough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip  Country  Country  Street Address of Each Officer and/or Director  16041 LACOSTA DR.  2302 NE 32ND ST.  10  16041 LACOSTN DC.  Registered Agent  Name  Street Address (P.O. Box Number Suite, Apt. #, Etc.  City  Street Address (P.O. Box Number Suite, Apt. #, Etc.  City  Nove named corporation, am familiar with and accept the obligations of Section of Section (P.O. Box Number Suite, Apt. #, Etc.  City  Nove named corporation, am familiar with and accept the obligations of Section (P.O. Box Number Suite, Apt. #, Etc.	ORATION OF AMERICA  Mailing Address 18041 LA COSTA DRIVE WESTON FL 33326  Move Apt. #, etc.  City & State  Zip  Country  Country  Street Address of Section 607.0505, F.S. or 617.050  Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  100  100  100  100  100  100  100  1

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



## DIVCAP Limited

## Consultants Financial Intermediaries

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: PO1000034684

Dear Sir or Madam:

On or about 12/31/01, I sent in an Amendment to the Articles of Incorporation on the above referenced Corporation. I have enclosed a copy of the Amendment, along with a copy of my EIN paperwork.

I received the certified copy of the Amendment to the proper (new) principal place of business mailing address for Diversified Capital Corporation of America at 16041 La Costa Drive, Weston, Florida 33326. However, no notices regarding UBR's were ever received at the above-cited principal place of business address. The only mail received from the Division of Corporations was the requested certified copy of the Amendment and this Certificate of Administrative Dissolution or Revocation, received at the above proper address, yesterday, 10/22/02. No other notices were received from the State at this address.

Per the instructions accompanying this Certificate of Dissolution, please find enclosed the 2002 Uniform Business Report (Annual Corporate Report) and a check for same, plus the ancillary cost for a certified copy of the filing.

Thank you for kind attention to this urgent matter.

Sincerely,

Raymond E. Poole

Managing Director

Diversified Capital Corporation of America

REP/in

PC: FILE, Enclosures

\* DIVCAP Limited is a wholly owned subsidiary of Diversified Capital Corporation of America