

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000082240

1. Corporation Name

Diversity Plus, Inc.

2. Principal Office Address

8519 Franjo RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33189

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02-04

FILED  
04 SEP -3 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800041127208  
09/17/04--01070--003 \*\*1058.75

7. Name and Address of Current Registered Agent

Name

Sandy Walker

Street Address (P.O. Box Number is Not Acceptable)

8519 Franjo RD

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Sandy Walker  
REGISTERED AGENT MUST SIGN

Date

8/3/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sandy Walker	8519 Franjo RD Miami, FL 33189	
V	Merelie Raphael	8519 Franjo RD	Miami, FL 33189

10. 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:

Sandy Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3/04

Daytime Phone #

CR2E081 (01/04)