

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

501-108441

1. Corporation Name

Diversified Mobility, Inc

REINSTATEMENT 07-03

2. Principal Office Address

200 2nd Ave. So

Suite, Apt. #, etc.

#143

City & State

ST Pete, FLA

Zip

33701

Country

USA

3. Mailing Office Address

200 2nd Ave. So.

Suite, Apt. #, etc.

#143

City & State

ST Pete, FLA

Zip

33701

Country

USA

500022631555

08/28/03--01025--025 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

November 2001

5. FEI Number

26-0013099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eugene Bennington

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

7339 1st Ave. No.

Suite, Apt. #, Etc.

City

ST Pete

State

FL

Zip Code

33710

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

Eugene Bennington

REGISTERED AGENT MUST SIGN

Date

August 21, 2003

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
PRES.	ELDON DEAN BOLOT	3210 Somerset Dr. S.E.	CLEVELAND, TN. 37323

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:

Eldon Dean Bolot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2003

Date

423-472-4840

Daytime Phone #

CR2E081 (10/02)

71 8/26

August 22, 2003

To Whom It May Concern:

Per a telephone conversation I was instructed to attach this letter confirming that I did not receive notification that this corporation was to be dissolved.


We have been beta testing and prototyping to get to this point and if notification was received it as not opened or therefore read.

We apologize and will not have this occur again.

Please find enclosed a check for the \$300, which was described as the amount to be paid in case we had not received or read notification.

Again, I apologize for not communicating or filing timely documentation. This will be rectified immediately.

Thank you


Dean Boldt