

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000070939**

1. Corporation Name

RONCO DIVERSITY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

3400 AGRICULTURAL CENTER DR
ST AUGUSTINE FL 32092

3400 AGRICULTURAL CENTER DR
ST AUGUSTINE FL 32092

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	AVERY, JOY	3400 AGRICULTURAL CENTER DR	ST AUGUSTINE FL 32092
D	AVERY, RONALD	3400 AGRICULTURAL CENTER DR	ST AUGUSTINE FL 32092
D	LACERDA, HORACIO	3400 AGRICULTURAL CENTER DR	ST AUGUSTINE FL 32092

200023768282
10/13/03--01101--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPEIGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Joy Avery
SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/10/2003

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:

Joy Avery
SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/2003

CR2ED40 (7/03)

October 10, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

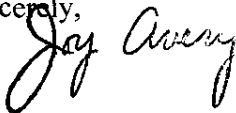
Re: Ronco Diversity Solutions, Inc.
FEI: 01-0722398
2002 Uniform Business Report (UBR)

Dear Sir or Madam:

Enclosed please find our 2002 Application for Reinstatement. We apologize for not filing the Uniform Business Report (UBR). After researching this matter, we do not see where we received any prior UBR notices. This is also the first year this corporation has been in business. Please note that this oversight was not intentional on our part.

Based on the above, we respectfully request an abatement of the late filing penalty/fee. Any consideration is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Joy Avery".

Joy Avery
President