

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 27 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090658

1. Corporation Name

DIVERSIFIED CONCEPTS CONSULTING, CORP.

Principal Place of Business

Mailing Address

30 OCEAN SHORE DRIVE  
ORMOND BEACH FL 32176

PO BOX 950891  
LAKE MARY FL 32795

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2002

5. FEI Number

Applied For

Not Applicable

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
P T	TRON-KEELER, CANDACE A	30 OCEAN SHORE DRIVE	ORMOND BEACH FL 32176
VS	TRON, <sup>CANDACE</sup> NANCY A	213 BRYNWOOD LANE	SANFORD FL 32771

100024169221  
10/27/03--01075--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRON-KEELER, CANDACE A  
30 OCEAN SHORE DRIVE  
ORMOND BEACH FL 32176

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

*Candace A Tron-Keeler*  
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:

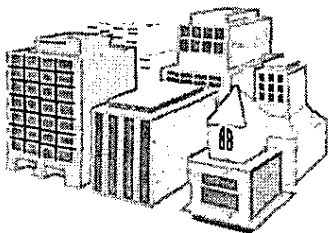
*Candace A Tron-Keeler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2003

Date

Daytime Phone #

CR2E040 (7/03)



## *Diversified Concepts*

Po Box 950891 Lake Mary, FL  
407-426-1141

October 10<sup>th</sup>, 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
Po Box 6327  
Tallahassee, Fla. 32314

Re: REQUEST FOR REINSTATEMENT / P02000090658

To Whom It May Concern:

Our office never received any correspondence regarding the filing of our Corporate Annual Fees with your office. Please except the \$150.00 standard fee for reinstatement of our corporation.

Enclosed is the "Application for Reinstatement" provided by your office. Please forward proof of reinstatement to the above address.

If you should have any questions, please contact our company as soon as possible.

Respectfully,

  
Rob Keeler  
Manager

cc/file