2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000085488

Entity Name: DVERGENCE CORPORATION

FILED Oct 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11120 5TH TREASURE	ST. E ISLAND, FL	33706 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2575 ULMERTON ROAD SUITE 350 TAMPA, FL 33762 US			11120 5TH ST E TREASURE ISLAND, FL 33706 US		
FEI Number: 2	20-2992059	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
200 CENTR SUITE 1600 ST. PETER The above r in the State	SBURG, FL 3 named entity s of Florida.	3701 US ubmits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATUR		PUCKETT, ESQ c Signature of Registered Agen	•	 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P, D () Delete Title: () Change () Addition					
Name: Address: City-St-Zip:	PUCKETT, DAVI	D W PRES. N ROAD SUITE 350	Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTIN DEL CA	Delete MPO, JOHN R SR.V.P. N ROAD SUITE 350 FL 33762 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHWARTZ, BR	N ROAD SUITE 350	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, CHA	N ROAD SUITE 350	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HINDMAN, JOHN	N ROAD SUITE 350	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHACKER, BR	N ROAD SUITE 350	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W PUCKETT

P.D. 10/11/2007