PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL -6 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000112079

1. Corporation Name
DIVERSIFIED PROFESSIONAL SOLUTIONS, INC

000182963350
07/07/10--01001--003 **1050.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1101 COLONY POINT CIR		PO BOX 371215	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
402			
City & State		City & State	
PEMBROKE PINES, FL		MIAMI, FL	
Zip	Country	Zip	Country
33026	USA	33137-1215	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/2005

5. FEI Number 20-8606860 ☐ 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: ALLEN FIROUZ

Street Address (P.O. Box Number is Not Acceptable): 1101 COLONY POINT CIR

Suite, Apt. #, Etc.: STE 402

City: PEMBROKE PINES | State: FL | Zip Code: 33026

REINSTATEMENT
08-10

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 _____ Date 06/25/2010

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ALLEN FIROUZ	1101 COLONY POINT CIR. Ste. 402	PEMBROKE PINES, FL 33026
VP	ARASH FIROOZ	1101 COLONY POINT CIR. Ste 402	PEMBROKE PINES, FL 33026

10. **E-mail Address:** INFO@VENTURIANGROUP.COM
(To be used for future annual report notification)

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. I further certify, 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: _____ 06/25/2010 786-323-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #