Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

PLEASE PROVIDE US WITH 12/21/09 FILING DATE Thank You 3 PG FAXED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ______________________

CORPORATION REINSTATEMENT

DIVERSIFIED MANAGEMENT SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$900.00~~

300

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 DEC 21 A 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

DOCUMENT # P05000126387

1. Corporation Name

DIVERSIFIED MANAGEMENT SYSTEMS INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2755 VALWOOD PKWY	2755 VALWOOD PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS TEXAS	City & State: DALLAS TEXAS
Zip: 75234 Country: USA	Zip: 75234 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/13/2005

5. FEI Number: 75-3263339 ☐ 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: Agents and Corporations, Inc.

Street Address (P.O. Box Number is Not Acceptable): 300 Fifth Avenue South

Suite, Apt. #, Etc.: Suite 101-330

City: Naples State: FL Zip Code: 34102

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 12/18/09

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
P	J D BROWN	108 AMORY DRIVE	BENBROOK TX 76126
V	W BRENT THOMPSOM	2755 VALWOOD PKWY	DALLAS TX 75234
S/T	REBECCA M THOMPSON	1150 SHADY OAK CR	ARGYLE TX 76226
D	MARCELLA BROWN	108 AMORY DRIVE	BENBROOK TX 76126
		REINSTATEMENT	
			08-09 GBS

10. E-mail Address: BROWN3482@SBCGLOBAL.NET
(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: [signature] W. BRENT THOMPSON 12/18/2009 214-405-5188

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