

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 22 PM 3:43

DOCUMENT # P06000029330

1. Corporation Name

Diligence Management & Property Services

2. Principal Office Address - No P.O. Box #

Same

3. Mailing Office Address

Suite, Apt. #, etc.

335 S.W. 10th Ave

Suite, Apt. #, etc.

335 SW 10th Ave

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

U.S.A.

Zip

33435

Country

Fla. Beach County

4. Date Incorporated or Qualified To Do Business in Florida

2-26-2006

5. FEI Number

42-1695942

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

Darryl Wilson

Street Address (R.F. Box Number is Not Acceptable)

335 S.W. 10th Ave

Suite, Apt. #, Etc.

Boynton Beh.

City

Boynton Beach

State

FL

Zip Code

33435

☒ 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

Darryl Wilson

REGISTERED AGENT MUST SIGN

Date 09-14-09

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	Darryl Wilson	335 S.W. 10th Ave.	Boynton Beh. FL 33435
Vice President	Simone Wilson	335 S.W. 10th Ave.	Boynton Beh. FL 33435
Secretary	Cheryl McCormick	611 N.W. 5th St.	Boynton Beh. FL 33435
Treasurer	Cherlyn Davis	Strawberry Lakes Dr.	Lake Worth FL

10. 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 contained in Chapter 119, 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:

Simone Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/09

Date

561-729-9023

Daytime Phone #