


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p06000114307			
1. Corporation Name Diversified Electronics, INC. <div style="text-align: right; margin-top: 10px;"><i>W1-18387</i></div>			
2. Principal Office Address - No P.O. Box # 2018 Roberts Point Drive Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Windermere		City & State Florida	
Zip 34786	Country USA	Zip	Country
7. Name and Address of Current Registered Agent			
Name Ozell Bailey Jr.			
Street Address (P.O. Box Number is Not Acceptable) 2018 Roberts Point Drive			
Suite, Apt. #, Etc.			
City Windermere		State FL	Zip Code 34786
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 <i>Ozell Bailey Jr.</i> Date <i>4/12/10</i> 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
<i>CEO</i>	<i>Ozell Bailey Jr.</i>	<i>2018 Roberts Point Dr.</i>	<i>Windermere FL 34786</i>
10. E-mail Address: <i>bailey8656@hotmail.com</i>			
<small>(To be used for future annual report notification)</small>			
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: <i>Ozell Bailey Jr.</i>		Date 4-12-10	Daytime Phone # 407-492-8683
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

10 JUN 21 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200182388552

06/21/10--01004--007 **1200.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida September 2006

5. FEI Number 20-5512866 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☐ 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.

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