

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
'FOR'
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005965

1. Corporation Name

DIVERSIFIED BOBCAT INC.

Principal Place of Business

10732 CYPRESS LAKES TERRACE
BOCA RATON FL 33498

Mailing Address

10732 CYPRESS LAKES TERRACE
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

65-0373870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SCIARRA, JEFFREY	10732 CYPRESS LAKES TERR.	BOCA RATON FL 33498
			300002375793--0 -12/17/97--01110--026 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SCIARRA, JEFFREY
3183 NW 85 AVENUE
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

SCIARRA, Jeffrey

Street Address (P.O. Box Number is Not Acceptable)

10732 CYPRESS LAKES TERR

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

JE Sciarra Pres.

REGISTERED AGENT MUST SIGN

Date DEC 11, 97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JE Sciarra - Jeffrey SCIARRA

DEC 11, 97

Date

541 552 1030
Daytime Phone #

FILED

97 DEC 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)