

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -9 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056883

1. Corporation Name

DIVERSIFIED PLANS, INC. OF ALABAMA

Principal Place of Business

Mailing Address

P. O. BOX 789
GULF BREEZE FL 32562
US

P. O. BOX 789
GULF BREEZE FL 32562
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1993

SP

5. FEI Number

63-0676602

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 3	City / State / Zip 4
D	DE BALTHAZAR, PANDORA M	1207 PANFERIO DRIVE 14 NORTH PALAFOX	PENSACOLA BEACH FL 32561 32501
			500003536825--2 -01/16/01--01022--019 ****750.00 ****750.00
			400003536674--5 -01/15/01--01001--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DE BALTHAZAR, PANDORA M
~~1207 PANFERIO DRIVE~~ 14 N. PALAFOX ST.
~~SUITE 200~~
PENSACOLA BEACH FL 32561 32501

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Pandora M. de Balthazar
REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Pandora M. de Balthazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00.

Date

Daytime Phone #

CR2ED40 (8/00)

Antique European Linens

And

Decadence Down

PO Box 789 Gulf Breeze FL 32562 Phone 850-432-4777 FAX 850-432-0011
WWW.DECADENCEDOWN.COM AND WWW.ANTIQUEEUROPEANLINENS.COM

November 1, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: Diversified Plans of Alabama, Inc. P93000056883

We would like to request a waiver of the 750. 00 reinstatement fee for the following reason:

~~This type of correspondence and filing is normally handled by our CPA firm and forwarded to them to fill out and transmit. However, because we were behind in our payments to the firm, they did not do this. We were not aware of this until we received this reinstatement notice from you.~~

Anything you can do to help us will be greatly appreciated.

Thank You,

Linda Hulgani
Bookkeeping