

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040237

**1. Corporation Name**

DIVERSIFIED RESIDENTIAL FUNDING, INC.  
2811 W. SR 434  
LONGWOOD, FL. 32779

**2. Principal Office Address**

2811 W. SR 434  
LONGWOOD, FL 32779

Suite, Apt. #, etc.

N/A

City & State

Longwood, FL

Zip

32779

Country

USA

**3. Mailing Office Address**

P.O. Box 915413  
LONGWOOD, FL 32791-5413

Suite, Apt. #, etc.

N/A

City & State

LONGWOOD, FL

Zip

32779

Country

USA

800009177348

11/22/02--01092--029 \*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-24-1984

**5. FEI Number**

59-3246417

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

Thomas P. Osborne, CPA, P.A.

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

538 EAST WASHINGTON STREET

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32801

**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

T. P. Osborne, CPA, P.A.

Date 10-30-02

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
<u>President</u>	<u>Glenn Tolison</u>	<u>801 OVERLOOK DRIVE</u>	<u>LONGWOOD, FL 32779</u>

**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 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:**

Glenn Tolison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02 407 774-9889

Date

Daytime Phone #

CR2E081 (9/01)