
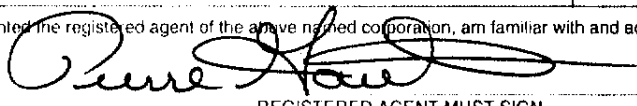
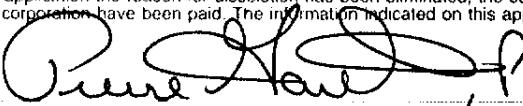


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">97 JAN 24 AM 9:11</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">DOCUMENT # 994000062639</div> <div style="font-size: 0.8em;">1. Corporation Name <b>DIVERSIFIED ASSOCIATION SERVICES, INC.</b></div>				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">aw 96</div>	
<div style="font-size: 0.8em;">Principal Place of Business</div> <div style="font-size: 1.2em; margin-top: 5px;"><b>461 DEWARS CT WINTER SP. FL 32708</b></div>		<div style="font-size: 0.8em;">Mailing Address</div> <div style="font-size: 1.2em; margin-top: 5px;"><b>P O BOX 520844 LONGWOOD FL 32752</b></div>			
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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/22/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3308990	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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		
P	PIERRE J. GAUTHIER	461 DEWARS CT.	WINTER SP. FL 32708		
400002070404--1 -01/28/97--01099--001 ****375.00 ****375.00					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<div style="font-size: 1.2em; margin-top: 10px;"><b>PIERRE J. GAUTHIER 461 DEWARS CT. WINTER SPRING FL 32708</b></div>			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  Date <b>1/16/97</b>					
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby verify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  PRES PIERRE GAUTHIER 1/16/97 407-679 2959					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2040 (12/95)