

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089763

1. Corporation Name

DIVERSIFIED MANAGEMENT CONSULTANTS, INC.

**REINSTATEMENT** 95-03  
900023666819  
10/09/03--01049--019 \*\*1950.00

2. Principal Office Address

1801 AUSTRALIAN AVE. S.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip  
33409

Country  
USA

3. Mailing Office Address

1801 AUSTRALIAN AVE. S.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip  
33409

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-12-94

5. FEI Number

65-0543873

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

DAVID E. CARY

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

1801 AUSTRALIAN AVE. S.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State  
FL

Zip Code  
33409

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

REGISTERED AGENT MUST SIGN

Date

10/07/03

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
D/P/T	STANLEY KATZ	61 EXECUTIVE DRIVE	FARMINGDALE, NY 11735
D/S	DAVID E. CARY	1801 AUSTRALIAN AVE. S.	WEST PALM BEACH, FL 33409

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:

DAVID E. CARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 868-1452