

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 5:09

DOCUMENT # P95000041729

1. Corporation Name

DIVERSIFIED CONTRACTORS, INC.

Principal Place of Business

4697 HWY 87 SOUTH  
MILTON FL 32583  
US

Mailing Address

4697 HWY 87 SOUTH  
MILTON FL 32583  
US

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

~~5796 GOVERNMENT ST~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5796 GOVERNMENT ST~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/23/1995

5. FEI Number

59-3328415

Applied For **SP**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

~~GULF BREEZE FL~~

Zip 32563

Country

City & State

~~GULF BREEZE FL~~

Zip 32563

Country

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
PD	JORDEN, ERIC	<del>4697 HWY 87 S</del> 5796 GOVERNMENT ST	<del>MILTON FL</del> GULF BREEZE FL 32563
VP	TRAWICK, RICHARD W	801 TRAWICK RD	MILTON FL
ST	BAUM, STEVE	2016 A ESPLANDE	NAVARRE FL 32566 200004662922--4 -11701701--01054--025 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

PITTMAN, MARVIN E  
3650 BOB TOLBERT ROAD  
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name  
ERIC JORDEN  
Street Address (P.O. Box Number is Not Acceptable)  
5796 GOVERNMENT ST  
Suite, Apt. #, Etc.  
City  
GULF BREEZE  
State  
FL  
Zip Code  
32563

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

*Eric Jordan*  
REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

*Eric Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

(850) 916-7000

CR2E040 (8/01)