

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.

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

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

Zip

32563

Country

Zip

32563

Country

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
PD	JORDEN, ERIC	4697 HWY 87 S 5796 GOVERNMENT ST	MILTON FL GULF BREEZE FL 32563
VP	TRAWICK, RICHARD W	801 TRAWICK RD	MILTON FL
ST	BAUM, STEVE	2016 A ESPLANDE	NAVARRE FL 32566
			200004662922--4 -11/01/01--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 Jorden
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 Jorden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

(850) 916-7000

CR2E040 (8/01)