

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/26/02--01035--001 \*\*158.75

DOCUMENT # P95000074441

1. Corporation Name

FORD DIVERSIFIED  
ENTERPRISES, INC.

2. Principal Office Address

11225 Riddle Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1742 E. Hwy 50

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Clermont, FL

Zip

34609

Country

USA

Zip

34711

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3334366

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

Troy Ford

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

11225 Riddle Dr.

Suite, Apt. #, Etc.

City

Spring Hill, FL

State

FL

Zip Code

34609

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

*Jim A. Ford*

Date 12/23/02

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
Pres	Troy Ford	11225 Riddle Dr.	Spring Hill, FL 34609
VP	Eun Park	9809 Montclair Cir	Apopka, FL 32703

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:

*Jim A. Ford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/02

Date

407.595.1748

Daytime Phone #

CR2E081 (9/01)

js 12/30

**Florida Dept. of State Div. Of Corporations**

**From the desk of**

Troy Ford / President

Ford Diversified Enterprises Inc.

FEI # 59-333-4366

Telephone # 407.595.1748

**Attn: reinstatement office:**

I am writing this letter as per phone instructions 12/19/02. On 2/22/02 @ 11:20 am I filed my Uniform Business Report Online at Sunbiz.org and charged it to my visa, also requesting a Certificate of Satus. After receiving the Certificate of Status a short time later I assumed that my UBR renewal was successful also. Between the 2 dates previously mentioned I had received no contact or communication from the Dept.

Please process my reinstatement application accompanying this letter, and send a current Certificate of Status. I have enclosed a check with the standard renewal fee + \$8.75 for the C.O.C. thank You very much in advance. If there are any questions or information is needed please call me at the above number.