TOTAL P.01

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 18 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075978

1. Corporation Name DIVERSIFIED TRADING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address

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 Office Address, If Applicable
4491 State Road 7	4491 State Road 7
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33314 Country: Broward	Zip: 33314 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 10-03-95

5. FEI Number: 65-0611915 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T/D	GREGORY SOCHERMAN	4491 State Road 7, #100	Ft. Lauderdale, FL 33314

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***1200.00 ***1200.00

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REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: STEWART A. MERKIN, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE, SUITE 300
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33131

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: _____ REGISTERED AGENT MUST SIGN Date: 2-16-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: _____ GREGORY SOCHERMAN, Pres. 2-15-00 954-321-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB-15-2000 16:02 EMPIRE CORP 305 541 3770 P.01/01