PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091992

1. Corporation Name
DIVERSIFIED PERSONNEL INC.

Principal Place of Business
301 YAMATO ROAD #2198
BOCA RATON, FL 33431

Mailing Address
301 YAMATO ROAD #2198
BOCA RATON, FL 33431

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 12/4/95

5. FEI Number 65-0722493 | 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	LOUIS MOLLICA	94-23 93RD STREET	OZONE PARK, NY 11416

600002651776-9T
-09/29/98--01071--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent
EUGENE BOFFA
301 YAMATO ROAD #2198
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent
Name: COREY E. LEVINE, CPA
Street Address (P.O. Box Number is Not Acceptable): 301 YAMATO ROAD
Suite, Apt. #, Etc.: #2198
City: BOCA RATON | State: FL | Zip Code: 33431

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: [signature] Date: 9-23-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: [signature] 9-23-98 Date 561 994 3829 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1-98)