

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 OCT 19 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **995000092746**

1. Corporation Name

**Diversified Benefits Solutions, Inc.**

2. Principal Office Address

**5543 2nd Ave Cir West**

Suite, Apt. #, etc.

City & State

**Palmetto, FL**

Zip

**34221**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/06/1995**

5. FEI Number

**59-3352729**

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

**Danny Chin**

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

**5543 2nd Ave Cir West**

Suite, Apt. #, Etc.

City

**Palmetto**

State

**FL**

Zip Code

**34221**

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

REGISTERED AGENT MUST SIGN

Date **10/02/2006**

**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
Mr	Danny Chin <b>VICE PRESIDENT</b>	5543 2nd Ave Cir West	Palmetto, FL 34221
Mrs	Brenda Chin <b>PRESIDENT</b>	5543 2nd Ave Cir West	Palmetto, FL 34221

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 contained in Chapter 119, 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:

**DANNY CHIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/2/06 941-722-5887**

Daytime Phone #

2 of 2

**db**s

**Diversified Benefits Solutions, Inc.**

5543 2<sup>nd</sup> Ave. Circle W  
Palmetto, FL 34221  
813-494-7602

October 2, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement

Dear Sir/Madam,

Enclosed please find a completed application for corporate reinstatement for Diversified Benefits Solutions, Inc. We respectfully request that the reinstatement fee be waived for the period of 2000 to 2006. Our company had moved from the former address in July of 1999 and the annual report notices were never forwarded to our new address. Our current address is on the reinstatement application. Also enclosed is a check for \$1,050.00 to cover the cost of the annual reports and supplemental fees for the period of 2000 to 2006.

If you have any questions, please do not hesitate to contact us. Thank you for your time on this matter.

Sincerely,

  
Danny Chin