

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 JUN 14 PM 1:59

DOCUMENT # P96000027123

1. Corporation Name

DIVERSIFIED OIL COMPANY

Principal Place of Business

Mailing Address

999 ELLER DR  
A-8  
FORT LAUDERDALE FL 33316  
US

P O BOX 13111  
PORT EVERGLADES ST A  
FORT LAUDERDALE FL 33316  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated To Do Business in Florida

03/27/1996

5. FEI Number

65-0657797

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.D. 15T Sec.	GOLDBERG, REBECCA L	999 ELLEN DR STE A 8	FORT LAUDERDALE FL 33308
PTD	GOLDBERG, ALAN J	999 ELLER DR, SUITE A8	FT LAUDERDALE FL
VSTD	STEWART, DON F	999 ELLER DR, STE A8	FT LAUDERDALE FL
V	GOLDBERG, REBECCA L	999 ELLER DR, STE A8	FT LAUDERDALE FL
D	STEWART, SUSAN J	999 ELLER ST, STE A8	FT LAUDERDALE FL
Vice Pres	Goldberg, Cary A	999 ELLER DR STE A8	FT LAUD 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, ALAN J  
999 ELLER DR  
SUITE A-8  
FORT LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Alan J. Goldberg  
REGISTERED AGENT MUST SIGN

Date

5/7/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan J. Goldberg

5/7/01  
Date

Daytime Phone #

3835

CR2040 (8/00)