

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
99 JUL 26 PM 2:51

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 790000035632

1. Corporation Name  
DIVERSE COMMUNICATIONS INC.

Principal Place of Business  
STARKE, FL.

Mailing Address  
213 W. MIMOSA DR.  
STARKE, FL 32091

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

2. New Principal Office Address, If Applicable  
Rt 3 Box 1612B  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Rt 3 Box 1612B  
Suite, Apt. #, etc.

City & State  
STARKE, FL

City & State  
STARKE, FL

Zip  
32091

Country  
BRADFORD

Zip  
32091

Country  
BRADFORD

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida  
April 22 1996

5. FEI Number  
59-3505990

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	MR ERIC ROBERT NORRIS II	213 W. MIMOSA DR.	STARKE, FL 32091
V ST	DOYCE D. GRIFFIS	Rt 3 Box 1612B	STARKE, FL 32091
			300002956223--5 08/10/99--01077--017 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MR ERIC ROBERT NORRIS II  
213 W. MIMOSA DR.  
STARKE, FL 32091

9. Name and Address of New Registered Agent

Name  
DOYCE D. GRIFFIS

Street Address (Post Office Box Number is Not Acceptable)  
Rt 3 Box 1612B

Suite, Apt. #, Etc.

City  
STARKE, FL

State  
FL

Zip Code  
32091

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  
DOYCE D. GRIFFIS

REGISTERED AGENT MUST SIGN

Date  
7/22/99

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 this reinstatement application is filed, 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

DOYCE D. GRIFFIS

Date  
7/22/99

Daytime Phone  
800-307 1451 (PAGER)

CR02081 (12/98)