

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
01 MAY -3 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 796000038655

1. Corporation Name

DIVERSIFIED MARKETING HOLDINGS, INC.

2. Principal Office Address

6350 N. Andrews Ave.

3. Mailing Office Address

6350 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

N. America

Zip

N.33309ica

Country

N. America

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/03/96

5. FEI Number

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

Andrew T. Gerrits

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

6350 N. Andrews Avenue

Suite, Apt. #, Etc.

Suite 100

City

Ft. Lauderdale

State

FL

Zip Code

33309

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**

Andrew T. Gerrits

REGISTERED AGENT MUST SIGN

Date

4/26/01

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
D/P/S	Steven J. Doumar	6350 N. Andrews Ave #100	Ft. Lauderdale, FL 33309

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*****1350.00 ***1350.00**

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 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:

Steven J. Doumar **Steven J. Doumar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

954 938 9801