

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra E. Bartholomew  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000089398

1. Corporation Name

DIVERSIFIED CORRECTIONAL SERVICES, INCORPORATED

Principal Place of Business

4200 WACKENHUT DRIVE  
SUITE 100  
PALM BEACH GARDENS FL 33410-4243

Mailing Address

4200 WACKENHUT DRIVE  
SUITE 100  
PALM BEACH GARDENS FL 33410-4243

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

REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida		10/30/1996
5. FEI Number	650709333	APPLIED FOR
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WACKENHUT, GEORGE R	4200 WACKENHUT DRIVE, #100	PALM BEACH GARDENS FL 33410
D	WACKENHUT, RICHARD R	4200 WACKENHUT DRIVE, #100	PALM BEACH GARDENS FL 33410
D	BERNSTEIN, ALAN B	4200 WACKENHUT DRIVE, #100	PALM BEACH GARDENS FL 33410
AST	GREEN, IAN A	4200 WACKENHUT DR.	PALM BEACH GARDENS FL 33410

100002921271--8  
-07/01/99--01080--013  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROWAN, JAMES P % THE WACKENHUT CORPORATION 4200 WACKENHUT DR., #100 PALM BEACH GARDENS FL 33410-4243	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code

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

REGISTERED AGENT MUST SIGN

Date

6/24/99

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, in 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 included 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

IAN GREEN

Date

Daytime Phone #

6/24/99

(561) 622-5656

CR2E040 (9/98)