


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT #P96000089398

1. Corporation Name

DIVERSIFIED CORRECTIONAL SERVICES,
INCORPORATED

2. Principal Office Address 4200 WACKENHUT DRIVE		3. Mailing Office Address 4200 WACKENHUT DRIVE	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL	
Zip 33410-4243	Country USA	Zip 33410-4243	Country USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
65-0709333Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

E. E. Finizia c/o The Wackenhut Corporation

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

4200 Wackenhut Drive

Suite, Apt. #, Etc.

#100

City

PALM BEACH GARDENS

State
FL

Zip Code

33410-4243

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*****750.00 *****750.00

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 11/7/00

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	George R. Wackenhut	279 Bermuda Bay Lane	Vero Beach FL 32963
D,C	Richard R. Wackenhut	135 South River Road	Stuart FL 34996-6311
D	Alan B. Bernstein	4652 S.W. Branch Terr.	Palm City FL 34990
T	Juan P. Miyar	19121 N.W. 89th Ave	Miami FL 33015
VP	Ian Green	15888 118th Terrace	Jupiter FL 33478

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN A. GREEN

Date

Daytime Phone #

561-622-5656

CR2E061 (9/99)