

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Ha

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 AM 8:51

DOCUMENT #

1. Corporation Name

DIVERSIFIED ENDEAVORS, INC.

2. Principal Office Address

4204 Hwy. 90

Suite, Apt. #, etc.

City & State

PAGE FL

Zip

32571

Country

SANTA ROSA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/97

5. FEI Number

593477224

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

HOWARD J. STEELE

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

4204 Hwy. 90

Suite, Apt. #, Etc.

City

PAGE

State

FL

Zip Code

32571

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

Howard J. Steele

Date 5-10-00

REGISTERED AGENT MUST SIGN

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
PRES.	HOWARD J. STEELE	4204 Hwy. 90	PAGE FL 32571

REINSTATEMENT

1999-2000

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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:

Howard J. Steele

HOWARD J. STEELE

5-10-00

8509941400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #