

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052082**

1. Corporation Name

DIVERSIFIED POWER, INC.

Principal Place of Business

**3452 METRO PARKWAY
FT MYERS FL 33916
US**

Mailing Address

**3452 METRO PARKWAY
FT MYERS FL 33916
US**



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0761487

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D / P	JOHNSON, DOUGLAS E	17600 WILLIAMSBURG DR	NO FT MYERS FL 33917
D	GREGORY, GERRY G	P.O. BOX 60581 N/A	FT MYERS FL 33906
D	TRUITT, RALPH E	20095 KEOLA LANE	NO FT MYERS FL 33917
VP/Secy/D			

200009595912

12/19/02--01035--007 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOHNSON, DOULAS E
17600 WILLIAMSBURG DR
NO FT MYERS FL 33917**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

DOUGLAS E JOHNSON
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-16-02**

11. 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:

DOUGLAS E JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS E JOHNSON 12-16-02 239-337-2275

Date

Daytime Phone #