

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 OCT 28 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054956

1. Corporation Name

DIVERSICOM INCORPORATED

Principal Place of Business

8028 OLD CR 54  
NEW PORT RICHEY FL 34653

Mailing Address

8028 OLD CR 54  
NEW PORT RICHEY FL 34653

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/1997

5. FEI Number

59-3453757

Applied For

Not Applicable

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
CEOP	BETZ, JAMES A	011 SOUTH PROSPECT AVE	CLEARWATER FL 33756
CEOP	BETZ, JAMES A	8028 old CR 54	New Port Richey, FL 34653

8. Name and Address of Current Registered Agent

ROHRET, KARIN  
5290 SEMINOLE BLVD., STE. F  
ST. PETERSBURG FL 33708

9. Name and Address of New Registered Agent

Name

JAMES A BETZ

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

8028 old CR 54

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34653

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 (22) 404-3255

CR2E040 (8/02)



**DIVERSICOM**  
INCORPORATED

*"Keeping the world in touch... one person at a time!"*

Date: October 24, 2002

RE: Administrative Dissolution Notice

To Whom It May Concern:

I never received my original UBR to file. I contacted your offices today and was asked to write this letter and include my filing fees under original rates of \$150.00 US.

I am including this payment with my UBR filing. Please understand that again, I did not receive my original UBR. I am however filing this one now.

Thanking you in advance for your time and consideration in this matter.

James Betz, President  
Diversicom Inc

8028 Old County Road 54, New Port Richey, Florida 34653

Voice: 727-375-5865 Fax: 727-375-5866

[www.diversicom.com](http://www.diversicom.com)