

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000002647**

1. Corporation Name

**DIVERSIFIED DESIGN CONSULTING, INC.**

Principal Place of Business

**11018 HANNAWAY DRIVE  
RIVERVIEW FL 33569**

Mailing Address

**11018 HANNAWAY DRIVE  
RIVERVIEW FL 33569**

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

**01/08/1998**

5. FEI Number

**59-3492625**

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
PT	BISHOP, JOYCE K	11018 HANNAWAY DRIVE	RIVERVIEW FL 33569

**600003046366--9  
-11/16/99--01097--019  
\*\*\*\*150.00 \*\*\*\*150.00**

**TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BISHOP, JOYCE K  
11018 HANNAWAY DRIVE  
RIVERVIEW FL 33569**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Joyce K Bishop*  
REGISTERED AGENT MUST SIGN

Date **11/2/99**

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:

*Joyce K Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/2/99 (813) 873-7668**  
Date Daytime Phone #

**FILED**

**99 NOV -4 AM 12:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



CR2040 (8/99)

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327



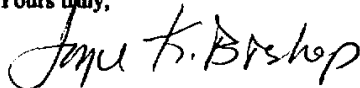
To Whom It May Concern:

When we received the Notice of Administrative Dissolution we were stunned since we had never received any previous notification. We only became incorporated in 1998 and did not know about the annual report requirement. We did not receive the corporate annual report form for 1999 and therefore we did not know that a report was due.

We are enclosing the Application for Reinstatement along with the required annual fee of \$150. We respectfully request abatement of the penalty for late filing.

Your assistance in this matter is appreciated.

Yours truly,



Joyce K. Bishop  
Diversified Design Consulting, Inc.  
11018 Hannaway Drive  
Riverview, FL 33511