

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093164

1. Corporation Name

DIVERSIFIED COMMERCIAL GROUP INC.

Principal Place of Business

Mailing Address

7309 NW 12TH STREET
MIAMI FL 33126

7309 NW 12TH STREET
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

65-0886497

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRUSZCZYK, MARTIN M	7309 NW 12TH STREET	MIAMI FL 33126
D	GRUSZCZYK, MARIA P	7309 NW 12TH STREET	MIAMI FL 33126

100024012471
10/22/03--01038--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUSZCZYK, MARTIN M
7309 NW 12TH STREET
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/13/03.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 305-345-4446

CR2ED40 (7/03)

Diversified Commercial Group Inc.
8353 NW 54th St.
Miami, FL 33166

October 16, 2003

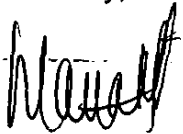
Florida Department of State
Tallahassee, FL 32314

RE: Application for Reinstatement Fee

To whom it may concern:

We have received an application for reinstatement that was mailed to our old address. We would like to request for you to wave the extra charges for late payment since we didn't receive the previous applications that were mailed to us on January and May, they were also mailed to our old address. We are mailing you the check for the amount of \$150.00 and would like to request the change address as per attached application.

Sincerely,



Maria Pia Gruszczyk
Diversified Commercial Group, Inc.