

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101084

1. Corporation Name

DIVA PROPERTIES, INC.

Principal Place of Business

4611 LOWELL AVE.
TAMPA FL 33629

Mailing Address

4611 LOWELL AVE.
TAMPA FL 33629

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

12/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3547985

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED I

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| PRESIDENT | ELLEN K WINNER | 4611 LOWELL AVE | TAMPA, FL 33629 |
| SECRETARY | MICHAEL R WINNER | 4611 LOWELL AVE | TAMPA, FL 33629 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

800003095338--6
-01/12/00--01002--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHIP, AMINIE
234 E. DAVIS BLVD.
TAMPA FL 33606

Name

MICHAEL WINNER

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

4611 LOWELL AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-30-99

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:

SIGNATURE REQUIRED
ELLEN K WINNER, President

12-30-99

Date

813-831-1899

Daytime Phone #