

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 9:45

DOCUMENT # **8990000 66969**

1. Corporation Name

DIVERSIFIED MARINE GROUP, INC.

2. Principal Office Address

1103 12th AVE EAST

Suite, Apt. #, etc.

City & State

PALMETTO FLORIDA

Zip

34221

Country

USA

3. Mailing Office Address

1103 12th AVE EAST

Suite, Apt. #, etc.

City & State

PALMETTO FLORIDA

Zip

34221

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1999

5. FEI Number

59-3588731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES MILLS

700004009257-2

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

1103 12th AVE EAST

-04/16/01--01007--011

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

PALMETTO

State
FL

Zip Code

34221

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles Mills

Date **3-8-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEFFREY STEELE	1103 12th AVE EAST	PALMETTO FL 34221
C	RICHARD C NEWBOLD III	1103 12th AVE EAST	PALMETTO FL 34221
V	CHARLES MILLS	1103 12th AVE EAST	PALMETTO FL 34221

10. 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:

Charles Mills

CHARLES MILLS VP

3-8-01

941-721-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)