

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION..
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S84113**

1. Corporation Name

Diversified Product Investigations, Inc.
#~~XXXXXX~~

2. Principal Office Address

3 East Main Street
Suite, Apt. #, etc.

City & State

Oak Ridge, Tennessee
Zip 37830 Country USA

3. Mailing Office Address

3 East Main Street
Suite, Apt. #, etc.

City & State

Oak Ridge, Tennessee
Zip 37830 Country USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

REINSTATEMENT

02-04
MRS

800028068108
02/03/04--01004--009 **750.00

800028068108
02/26/04--01016--017 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/30/1991

5. FEI Number

65-0832025

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

John Van Zyll

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

815 Trumbull Street

Suite, Apt. #, Etc.

City

Deltona

State
FL

Zip Code
32725

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

Date

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
Pres.	John Van Zyll	815 Trumbull St.	Deltona, FL 32725
VP.	Marvin Stacy	3 East Main St.	Oak Ridge, TN 37830
Sec.	Ann Furlong	3 East Main St.	Casselberry, FL 32730

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: John Van Zyll - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)