

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
S. B. Moham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 889804

1. Corporation Name

SOUTH FLORIDA DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

8805 SW 155 TRR.  
MIAMI, FL,  
33157

SAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0893205

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOHN C. ROLLINS	8805 SW 155 TRR MIAMI - FL - 33157	MIAMI - FL - 33157
V	MARY F. ROLLINS	8805 SW 155 TRR MIAMI - FL - 33157	MIAMI - FL - 33157
			100002316051--7 -10/03/97-01068-001 ****365.00 ****365.00

8. Name and Address of Current Registered Agent

JOHN C. ROLLINS  
8805 SW 155 TRR.  
MIAMI - FL - 33157

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

John C. Rollins

REGISTERED AGENT MUST SIGN

Date

5/19/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 C. Rollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. ROLLINS, PRES.

Date

5/19/97

Daytime Phone #

(305) 238-6868

CR2040 (12/96)

... OCTOBER 2, 1997

TO: DIVISION OF CORPORATIONS  
P.O. BOX 6327 TALLAHASSEE, FL, 32314

FROM: SOUTH FLORIDA DIVERSIFIED, INC  
8805 S.W. 155 TERR., MIAMI, FL, 33157  
65-0292205

Respectfully, we request that the reinstatement fee be waived, because we did not receive the notice. We had changed address and physical location of our business operation. The Post Office may not have forwarded your notice.

Enclosed, is payment for '96 and '97 which should bring us up-to-date as far as annual fees are concerned.

Our business has continued to operate without interruption, paid sales taxes to Dept. of Revenue and prospered. Our failure to pay was not intentional and with this information we request your consideration of waiving the reinstatement fee.

Sincerely,

*John C. Rollins*

JOHN C. ROLLINS, PRES.

Telephone (305) 238-6868 bus.  
(305) 252-7675 home