

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 21 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89804**

1. Corporation Name

SOUTH FLORIDA DIVERSIFIED, INC.

2. Principal Office Address

2704 GLENMOOR WAY

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

3. Mailing Office Address

P.O. BOX 560220

Suite, Apt. #, etc.

City & State

PINECREST, FL

Zip

33156-0220

Country

600019679616

05/21/03--01048--001 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0292205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN C. ROLLINS

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

2704 GLENMOOR WAY

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

John C. Rollins

Date **5-13-03**

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 C. ROLLINS	2704 GLENMOOR WAY	PALM CITY, FL, 34990

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 C. Rollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03

Date

305-238-6868

Daytime Phone #

CR2E081 (10/02)

5-14-03

TO: DEPT. OF STATE
DIV. OF CORP.

FROM: JOHN C. ROLLINS
SO. FLA. DIV., INC.

Please waive the reinstate fee imposed.

The companies address had changed and the package sent by the Div. of Corp. was not received.

Enclosed you will find a check for \$300⁰⁰ to bring our company current.

Thank you, for your consideration.

JOHN C. ROLLINS,
PRES.

SOUTH FLORIDA DIVERSIFIED, INC.

John C. Rollins