

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V12572**

1. Corporation Name

DIVERSIFIED MANAGEMENT OF LEE COUNTY, INC.

2. Principal Office Address

1841 ORTIZ AVENUE

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

Zip

33905

Country

U.S.A.

3. Mailing Office Address

POST OFFICE BOX 1005

Suite, Apt. #, etc.

City & State

ALVA, FLORIDA

Zip

33920

Country

U.S.A.

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/92

5. FEI Number

65-0323569

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

STEVEN B. WALSH

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

19551 PERSIMMON RIDGE ROAD

Suite, Apt. #, Etc.

City

ALVA

State

FL

Zip Code

33920

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

SB Walsh

REGISTERED AGENT MUST SIGN

Date **AUGUST 01, 2003**

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
DIRECTOR	STEVEN B. WALSH	19551 PERSIMMON RIDGE RD.	ALVA, FLORIDA 33920
DIRECTOR	MARIA WALSH	2209 ARDEN STREET	FT MYERS, FLORIDA 33907
DIRECTOR	VERA A. BELL	11950 HONEYSUCKLE ROAD	FT MYERS, FLORIDA 33912

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:

SB Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 01, 2003

Date

(239) 337-4155

Daytime Phone #

CR2E081 (10/02)

71815