PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 28 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 471214

1. Corporation Name
Diamond Shores, Inc.

REINSTATEMENT 02-03
100017199201
04/28/03--01084--016 **297.50

2. Principal Office Address	3. Mailing Office Address
100 Woodlake Circle	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34114 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1983

5. FEI Number: 59-2560240 ☐ 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: Kraus & Ballenger, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1072 Goodlette Road

Suite, Apt. #, Etc.:

City: Naples | State: FL | Zip Code: 34102

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: 4/17/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 D	Michael Valentine	2408 Linwood Avenue, Suite 7A	Naples, FL 34112
VP D	Ruth Fernandez	326 Cereus Drive	Naples, FL 34114
S D	Paul Valentine	2408 Linwood Avenue, Suite 7A	Naples, FL 34112
T D	David Steinberg	2408 Linwood Avenue, Suite 7A	Naples, FL 34112
D	Oriel Lora	405 Dracena Drive	Naples, FL 34114
D	Allan Marlow	305 Cereus Drive	Naples, FL 34114

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: Michael P. Valentine (President) (239) 732-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 4/29