2004 FOR PROFIT CORPORATION REINSTATEMENT

Make check payable to Secretary of State

04 DEC -6 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017242

1. Entity Name
LUCKY DIAMOND INC

Principal Place of Business	Mailing Address
431 N 25TH STREET FT. PIERCE, FL 34947	431 N 25TH STREET FT. PIERCE, FL 34947

11022004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	369 SW North Shore Blvd Suite, Apt. #, etc.
City & State	City & State: Port St. Lucie, FL
Zip / Country	Zip: 34986 / Country: US

4. FEI Number: 65-1085192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RATUPPANANT, TASSANAPORN
2024 GOLF VIEW COURT
FT. PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
369 SW North Shore Blvd

City: Port St. Lucie **FL** Zip Code: 34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RATUPPANANT, SOMBAT 2024 GOLF VIEW COURT FT. PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 369 SW North Shore Blvd Port St Lucie FL 34986
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RATUPPANANT, TASSANAPORN 2024 GOLF VIEW COURT FT. PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 369 SW North Shore Blvd Port St Lucie, FL 34986
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Vice President 12/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #