

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000079878

1. Corporation Name
 DIAMONDS BY CHOICE, INC.

FILED
 00 NOV -2 AM 11: 01
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address
~~18861 DISGAYNE BLVD.~~
~~NORTH MIAMI BEACH FL 33180~~
 17290 NE 19 AVE
 No. MIAMI BEACH, FL 33162
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 17290 NE 19 Ave
 Suite, Apt. #, etc.

City & State
 NORTH MIAMI BEACH FL

Zip 33162 Country MIAMI-DADE

3. New Mailing Office Address, If Applicable
 17290 NE 19 Ave
 Suite, Apt. #, etc.

City & State
 NORTH MIAMI BEACH FL

Zip 33162 Country MIAMI-DADE

REINSTATEMENT
 4. Date Incorporated or Qualified To Do Business in Florida.
 10/18/1995
 5. FEI Number 65-0614416
 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	City / State / Zip
DPS	SPECTOR, KEN	18861 DISGAYNE BLVD. 11 SW 111 LANE	NORTH MIAMI BEACH FL 33180 CORAL SPRINGS, FL
BY	FOX, RIMA S	18861 DISGAYNE BLVD.	NORTH MIAMI BEACH FL 33180
GS	GROSS, YETTA	18861 DISGAYNE BLVD.	NORTH MIAMI BEACH FL 33180
			NORTH MIAMI BEACH FL 33180

8. Name and Address of Current Registered Agent
 CONEN, MARK D ESQ.
 EMERALD HILLS EXECUTIVE PLAZA II,
 4651 SHERIDAN ST., STE. 390
 HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent
 Name MARTIN P. HARRIS
 Street Address (P.O. Box Number is Not Acceptable) 17290 NE 19 AVE
 Suite, Apt. #, Etc.
 City NORTH MIAMI BEACH State FL Zip Code 33162

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0509, F.S.
 Signature of Registered Agent: *[Signature]*
 REGISTERED AGENT MUST SIGN
 Date 10/31/2000

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 levied 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KENNETH SPECTOR
 Date 10/31/2000 Daytime Phone #

CR2E040 (8/99)