

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000059562

1. Corporation Name

DIAMONDS BEAUTY SUPPLY, INC.

W-30355

2. Principal Office Address

11273 SW 152 Street

Suite, Apt. #, etc.

3. Mailing Office Address

11273 SW 152 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

U.S.

Zip

33157

Country

U.S.

REINSTATEMENT

09-2001

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0850133

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

Rajai Y. Suliman

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

11273 SW 152 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

800003623148 -- 0
-02/01/01--01072--005
****150.00 **** 50.00
800003623148 -- 0
-02/01/01--01072--006
****200.00 **** 00.00

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

Rajai Y. Suliman
REGISTERED AGENT MUST SIGN

Date *1/18/001*

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.	Rajai Y. Suliman	11273 SW 152 Street	Miami, Florida 33157
Sec.	Rajai Y. Suliman	11273 SW 152 Street	Miami, Florida 33157
Vice-Pres.	Rajai Y. Suliman	11273 SW 152 Street	Miami, Florida 33157
Tres.	Rajai Y. Suliman	11273 SW 152 Street	Miami, Florida 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-00

Date

(954) 579-2912

Daytime Phone #

CR2E081 (9/99)