

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 20 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **488442**

1. Corporation Name

DIAMOND C LAND & CATTLE CO.

2. Principal Office Address

131 DAY STREET

3. Mailing Office Address

P.O. BOX 330910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWINGTON CT

City & State

W. HARTFORD CT

Zip

Country

06111

US

Zip

Country

06133-0910

US

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-75

5. FEI Number

59-1630029

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

JAMES DURHAM

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

2104 WATER MEET DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

James Durham
REGISTERED AGENT MUST SIGN

Date **12-11-01**

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
V	FRANK CRAEMER -D	465 SIMSBURY ROAD	BLOOMFIELD CT 06002
P	MARK KERIN -D	131 DAY STREET	NEWINGTON CT 06111
VT	MATTHEW A. KERIN -D	131 DAY STREET	NEWINGTON CT 06111

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 807.0401 or 817.0401, 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)(f), 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

12-14-01

Date

860-953-6881

Daytime Phone #