

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 29 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **248819**

1. Corporation Name

**DIAMOND BAR AND PACKAGE OF HIALEAH INCORPORATED**

Principal Place of Business

**CLIFFORD BANE  
1166 W 68 ST  
HIALEAH FL 33014**

Mailing Address

**CLIFFORD BANE  
1166 W 68 ST  
HIALEAH FL 33014**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *AM*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/27/1961	
City & State		City & State		5. FEI Number <b>59-1200244</b>	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BANE, LISELOTTE	14600 DADE PINE AVENUE	MIAMI LAKES FL
VD	BANE, CLIFFORD	14600 DADE PINE AVENUE	MIAMI LAKES FL

3000002340563--9  
-11/06/97--01092--009  
\*\*\*\*750.00 \*\*\*\*750.00

*JB*  
*10-20-97*

8. Name and Address of Current Registered Agent

**BANE, CLIFFORD  
14600 DADE PINE AVE  
MIAMI LAKES FL 33014**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Clifford Bane*  
REGISTERED AGENT MUST SIGN

Date

*10-24-97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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

Date

Daytime Phone #

*10-24-97*  
*305*  
*558-6959*

CR2E040 (8/97)