

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT 20 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000 740**

1. Corporation Name

**Diamond Holding Corporation**

2. Principal Office Address

**150 Marr Ave NW**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Marietta GA**

City & State

Zip

**30060**

Country

**USA**

Zip

Country

**100036525251**  
05/17/04--01082--029 \*\*1500.00

4. Date Incorporated or Qualified To Do Business in Florida

**1997**

5. FEI Number

**11-2704808**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$375 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**CSC**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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

**Barbara J. Christman**  
REGISTERED AGENT MUST SIGN

Date

**4-26-04**

**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	William F. Swanson III	150 Marr Ave NW	Marietta GA 30060
Sec	Douglas S. Johnson	235 East 11th Ave	Roselle NJ 07203
Dir	Richard Segel	1 Rota Ave	Palmyra NJ 08065
CFO	Harold Osmon	4700 Vermack Rd	Dunwoody GA 30338

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:

**Harold Osmon**

**Harold Osmon CFO**

**5-11-04**

Date

**770-795-8556**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)