

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. Chrisman
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Osmon CFO

5-11-04

Date

770-795-8556

Daytime Phone #

CR2081 (01/04)