

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 27 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003937

1. Corporation Name

PAULA THRASHER DIAMOND IMPORTERS, INC.

Principal Place of Business

FIRST BANK BUILDING, SUITE 101  
4818 S. 108TH STREET, SUITE 101  
OMAHA NE 68137

Mailing Address

FIRST BANK BUILDING, SUITE 101  
4818 S. 108TH STREET, SUITE 101  
OMAHA NE 68137

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

2. New Principal Office Address, If Applicable

5150 Tamiami Trail No., #402

Suite, Apt. #, etc.

Naples, Florida

City & State

Naples, Florida

Zip

34105

Country

USA

3. New Mailing Office Address, If Applicable

5150 Tamiami Trail, No., #402

Suite, Apt. #, etc.

Naples, Florida

City & State

Naples, Florida

Zip

34105

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/1998

5. FEI Number

47-0791961

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPST	THRASHER, PAULA	<del>4818 S. 108TH STREET</del> 2030 Swainsons Run	<del>OMAHA NE 68137</del> Naples FL 34105
V	BLACKMAN, CRISTAN K	105 REVA RIDGE ROAD	HENDERSONVILLE TN 37075
D	BLACKMAN, EDWARD G IV	9146 S. CROMWELL	HIGHLANDS RANCH CO 80126
V	THRASHER, MIKE	<del>27033 HICKORY BLVD.</del> 2030 Swainsons Run	<del>BONITA SPRINGS FL 34134</del> Naples FL 34105

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8. Name and Address of Current Registered Agent

THRASHER, MIKE  
27033 HICKORY BLVD.  
BONITA SPRINGS FL 34134

2030 Swainsons Run  
Naples, FL 34105

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003087818-7

-01/04/00--01078--001

\*\*\*750.00 \*\*\*750.00

State

Zip Code

FL

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

SIGNATURE REQUIRED  
Michael J. Turello  
REGISTERED AGENT MUST SIGN

Date

12/15/99

11. 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 REQUIRED  
Paula Thrasher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/99 (941) 4301588