

APPLICATION  
FOR



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

FILED

00 OCT 23 PM 6:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J17156**

1. Corporation Name

**DIAMOND LUBE, INC.**

Principal Place of Business

*EAST ALTAMONTE Dr.*  
1255 ~~W. 1st St.~~  
ALTAMONTE SPRINGS FL 32701

Mailing Address

*EAST ALTAMONTE Dr.*  
1255 ~~W. 1st St.~~  
ALTAMONTE SPRINGS FL 32701



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**06/02/1986**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2675333**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	THOMPSON, ROYCE E.	4426 GATLIN GROVE DR	ORLANDO FL 32806

400003441674--9  
-10/27/00--01018--014  
\*\*\*\*150.00 \*\*\*\*150.00

*W UBR TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, ROYCE E.  
4426 GATLIN GROVE DRIVE  
ORLANDO FL 32806

*289 LK Doe Blvd  
Apopka FL  
32703*

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	<b>FL</b>	

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

*Royce E. Thompson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-18-00**

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:

*Royce E. Thompson*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-18-00** **407-260-9199**  
Date Daytime Phone #

CR2E040 (6/00)

To whom it may concern

I am Royce Thompson  
Owner of Diamond Buck Lake Inc. 06/14

As of this date 12/18/00 I have not  
received my notice about Conf. fees

on any items from Conf. papers.  
I am asking for late charges to be dismissed.

The Adm. have also been charged.

5th St. Adm. As Bureau  
Is Now Diamond Lake  
1255 E. Attmoute Dr.  
Attmoute Sp. Fl.

Royce E. Thompson  
289 K. Lee Blvd.  
Appt 11A # 32703

Thank you for your help.