

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000005574

1. Limited Liability Company's Name

2001

**THE DIAMOND GROUP, LLC**

BK

CR2E041 (1/11)

FILED  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
12 APR 25 AM 10:10

2. Principal Office Address - No P.O. Box #

550 S.E. Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

550 S.E. Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/11/2000

6. FEI Number

65-1035557

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name John Del Monaco

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

2494 S. Ocean Boulevard

Suite, Apt. #, Etc.

Apt. #9

City

Boca Raton

State

FL

Zip Code

33432

E-mail Address:

john@americanselfstorage

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*[Signature]*

Date 4/19/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Warren Diamond	550 S.E. Avenue	Boca Raton, FL 33432
MGR	John Del Monaco	2494 S. Ocean Blvd., Apt. #9	Boca Raton, FL 33432

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date 4/19/12

Daytime Phone # 732 741-0707

Typed or printed name of signing Managing Member/Manager