

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 L01000007570
 FLORIDA DEPARTMENT OF STATE
 Division of Corporations

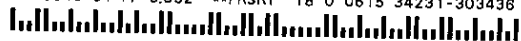
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1. DOCUMENT # L01000007570
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0005849 01 FP 0.352 **PRSR T8 0 0615 34231-303436



BLACK DIAMOND VENTURES, LLC
 1736 STANFORD LANE
 SARASOTA FL 34231-3034

000009805240
 01/03/03--01029--009 **150.00



US

2. New Mailing Address 1736 Stanford Lane City, State, Zip Sarasota, FL 34231		4. State/Country of Formation FL	
Principal Place of Business 1736 STANFORD LANE SARASOTA FL 34231 US		5. Date Organized or Qualified To Do Business in Florida 05/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3738913 Applied For Not Applicable	
8. Name and Address of Current Registered Agent RICE, MELISSA K 1900 MAIN STREET SUITE 300 SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Warren B. Middleton Street Address (P.O. Box Number is Not Acceptable) 1736 Stanford Lane City Sarasota FL Zip Code 34231			
10. 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 <u>Warren B. Middleton</u> Date <u>12-30-02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Warren B. Middleton	1736 Stanford Lane Sarasota, FL 34231	Sarasota, FL 34231

REINSTATEMENT 02

12. 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.

Signature of Managing Member/Manager Warren B. Middleton Date 12-30-02 Daytime Phone # 941-926-2400

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)