

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000010989

Name and Mailing Address

0014180 01 AT 0.292 **AUTO T1 0 0615 33952-929601



DIAMOND POINT, LLC
4054 BEAVER LN., STE. 1
PORT CHARLOTTE FL 33952-9296



2. **New Mailing Address**

City, State, Zip

4. **State/Country of Formation**
FL

5. **Date Organized or Qualified To Do Business in Florida** 04/30/2002

Principal Place of Business
4054 BEAVER LN., STE. 1
PORT CHARLOTTE FL 33952

3. **New Principal Place of Business Address**

City, State, Zip

6. **FEI Number** 01-0697994
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**

WOTITZKY, HAL F ESQ
223 TAYLOR ST.
PUNTA GORDA FL 33950

9. **Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 *Shedue* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 30 Oct 2003

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
Managing member	Theodore W. Stout	4054 Beaver Ln, Ste 1	Port Charlotte, FL 33952
Managing member	Rodney Cobb	44055 State Rd 122E	Richmond, IN 47374
Managing member	Jack Cobb	104 Sugarhill Dr	Eaton, OH, 45320

REINSTATEMENT 03
dec

04-21-2003 90138 013 ****50.00
08-13-2003 90048 025 ****50.00
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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 *Shedue* **SIGNATURE REQUIRED**

Date 30 Oct 2003 Daytime Phone # 941 637-3737

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)