

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034324

1. Limited Liability Company's Name

DIAMOND MATERIAL, L.L.C.

2. Principal Office Address

14832 Drafthorse Lane

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414-1007

Country

USA

3. Mailing Office Address

14832 Drafthorse Lane

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414-1007

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1136961

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

Mary Ann Benevento

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

14832 Drafthorse Lane

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414-1007

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

Mary Ann Benevento

REGISTERED AGENT MUST SIGN

Date

Oct. 27, 2003

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
MGRM	Mary Ann Benevento	14832 Drafthorse Lane	Wellington, FL 33414-1007

REINSTATEMENT 03

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.

Signature of

Managing Member/Manager

Mary Ann Benevento

Date

Oct 27, 03

Daytime Phone #

561-798-5668

Typed or printed name of signing Managing Member/Manager

Mary Ann Benevento