

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2000 NOV 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081518

1. Limited Liability Company's Name

DIAMOND DISCOVERIES, LLC

200138283792
11/26/08--01022--003 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1452 premier village way		3. Mailing Office Address 1452 PREMIER VILLAGE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER FLORIDA		City & State CLEARWATER FLORIDA	
Zip 33764	Country USA	Zip 33764	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 11/09/2004	
6. FEI Number 201896321	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CYNTHIA D BECKER			
Street Address (P.O. Box Number is Not Acceptable) 1452 PREMIER VILLAGE WAY			
Suite, Apt. #, Etc.			
City CLEARWATER		State FL	Zip Code 33764

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Cynthia D. Becker
REGISTERED AGENT MUST SIGN

Date 11/22/08

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	TIMOTHY A BECKER	1452 PREMIER VILLAGE WAY	CLERAWATER /FL /33764
MGRM	JOHN P EVANOFF	1452 PREMIER VILLAGE WAY	CLEARWATER /FL /33764

REINSTATEMENT - 07-08

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

Timothy A Becker

Date

11-22-08

Daytime Phone #

727-538-8970

Typed or printed name of signing Managing Member/Manager

TIMOTHY A BECKER