

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

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

CR2E041 (10/08)

DOCUMENT # L04000081518

1. Limited Liability Company's Name

DIAMOND DISCOVERIES, LLC

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

1452 premier village way

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

Zip

33764

Country

USA

3. Mailing Office Address

1452 PREMIER VILLAGE WAY

Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

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

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

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