

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L050000007054

1. Limited Liability Company's Name

DIAMOND INVESTMENT, L.L.C.

800298094908

2. Principal Office Address - No P.O. Box # 1820 SE 18TH AVENUE		3. Mailing Office Address 1820 SE 18TH AVENUE	
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34471	Country USA	Zip 34471	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida/Seminole	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-2209855	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 BHARAT P. PATEL			
* Street Address (P.O. Box Number is Not Acceptable) Suite 1820 SE 18TH AVENUE			
Apt. #, Etc. SUITE 3			
City OCALA	State FL	Zip Code 34471	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent /s/ BHARAT P. PATEL

Date April 10, 2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	TRUPTI B. PATEL	4511 SE 30TH STREET	OCALA, FL 34480
MGRM	BHARAT P. PATEL	4511 SE 30TH STREET	OCALA, FL 34480
MGR	JAYESH A. PATEL	1675 RACHELS RIDGE LOOP	OCOE, FL 34488

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member /s/ BHARAT P. PATEL

Date April 10, 2017

Daytime Phone #

Typed or printed name of signing authorized representative/member

APR 17 2017

G. CARROTHERS

Account#: I20000000088

Date: 04/11/2017

Name: Marisa Kugelmann

Reference #: T009259

ENTITY NAME: DIAMOND INVESTMENT, L.L.C.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

**Please file
FIRST**

** Please retain
original file data **

Authorized Amount: \$516.25

Signature: *mk*