

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 26 PM 2:06

DOCUMENT # L07000057538

1. Limited Liability Company's Name

DIAMOND JIMS LLC

CR2E041 (12/07)

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

100 MESA PARK BLVD

Suite, Apt. #, etc.

City & State

FELLSMERE FL

Zip

32948

Country

US

3. Mailing Office Address

100 MESA PARK BLVD

Suite, Apt. #, etc.

City & State

FELLSMERE FL

Zip

32948

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/31/2007

6. FEI Number

35-2299446

☐ 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

JAMES G MCALHANY

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

100 MESA PARK BLVD

Suite, Apt. #, Etc.

City

FELLSMERE

State

FL

Zip Code

32948

☒ 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

*James McAlhany*  
REGISTERED AGENT MUST SIGN

Date 02/15/2008

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	FRANKLIN L BALL	12695 80TH AVENUE	SEBASTIAN FL 32958
MGRM	JAMES G MCALHANY JR	100 MESA PARK BLVD	FELLSMERE FL 32948
MGR	JAMES G MCALHANY	100 MESA PARK BLVD	FELLSMERE FL 32948

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REINSTATEMENT  
2008 only

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

*James McAlhany*

Date 02/15/2008

Daytime Phone # 772-571-8582

Typed or printed name of signing Managing Member/Manager

JAMES G MCALHANY