


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2021 MAR 26 PM 5: 56

SECRETARY OF STATE  
TALLAHASSEE, FL

400364962284  
04/26/21--01034--015 \*\*\$16.25

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L18000200107</u> 1. Limited Liability Company's Name <u>DIAMONDEIR LLC</u>			
2. Principal Office Address - No P.O. Box # <u>4480 Deerwood LK PKWY</u> Suite Apt. #, etc. <u>126</u>		3. Mailing Office Address <u>4480 Deerwood LK PKWY</u> Suite Apt. #, etc. <u>126</u>	
City & State <u>Jacksonville, Florida</u>		City & State <u>Jacksonville, Fla</u>	
Zip <u>32216</u>	Country <u>USA</u>	Zip <u>32216</u>	Country <u>USA</u>
8. Name and Address of Current Registered Agent Name <u>STANIGUA D. Clark</u> Street Address (P.O. Box Number is Not Acceptable) Suite <u>4480 Deerwood Lake parkway</u> Apt. #, etc. <u>126</u> City <u>Jacksonville</u> State <u>FL</u> Zip Code <u>32216</u>			
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 <u>[Signature]</u> Date <u>March 24, 2021</u> 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
Owner	STANIGUA Clark	4480 Deerwood LK PKWY #126 Jax, FL 32216	
Mgr	Josephine Clark	4480 Deerwood LK PKWY #126 Jax, FL 32216	
AR	STANIGUA Clark	4480 Deerwood LK PKWY #126 Jax, FL 32216	
11. E-mail Address <u>Staniguac@gmail.com</u> (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 <u>[Signature]</u>		Date <u>3/24/2021</u> Daytime Phone # <u>(904) 894-4298</u>	
Typed or printed name of signing authorized representative/member <u>STANIGUA CLARK</u>			

CR2EC41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

APR 2 2021

D. CLISHING