PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE FOR Sandra B. Mortham Secretary of State				
DOCUMENT # 161634			- FILED	
1. Corporation Name			98 DEC 22 AM 9: 02	
Diamond Joe Trading Co Inc.			SECRETARY OF STATE	
326 Bay Shore Drive Cape Coral, FL 33904			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			-	
326 Bay Shore Drive % Jan's Bookkeeping Cape Coral, FL 33904 PO Box 25				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 3-26-1990	
Suite, Apt. #, etc.	·		5. FEI Number Applied For	
City & State	ateCity & State		65-0186695 Not Applicable	
Zip Country	Zip Count	try	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s) Name of Officers and/or Directors 1 2	Ì	treet Address of Each officer and/or Director Use Post Office Box N	r City / State / Zip	
Pres/Dir Dillman, Bruce 326_Bay Shore Drive		Cape Coral, FL 33904		
Sec/Treas Lotza, Jan 10483 Grouse Ro		use Rd	Monona, IA 52159	
Dir Dillman, Patricia 326 Bay Shore Drive		Cape Coral, FL 33904		
		MEN	ENT (7-78 (Cus)	
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent	
Cape Coral, FL 33904 Suite, Apt. #, Etc.				
			ss (P.O. Box Number is Not Acceptable)	
			9000027208991 -12/23/9801060002	
*****908. FI *****908. 75 _				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date				
11. This corporation owes or has paid the current year has Not perd - Do we owe ? (See other side for information on intangible Personal Property tax due June 30.				
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Jan Sets Jan Lotza 9/8/98 608-326-4820				
SIGNATURE: Tan Lotza 18/98 608-326-48-20 Date Daylime Phone # ext 2/				