

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L95652

1. Corporation Name

DIAMAR, INC.

Principal Place of Business

9858 W GLADES RD
STE 180
BOCA RATON FL 33434
US

Mailing Address

9858 W GLADES RD
STE 180
BOCA RATON FL 33434
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1990

5. FEI Number

65-0210839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALBERT, MARGALITH	9858 W. GLADES RD., SUITE 180	BOCA RATON FL 33434

100008976851

11/14/02--01005--002 **150.00

8. Name and Address of Current Registered Agent

ALBERT, MARGALITH
9858 W. GLADES RD.
SUITE 180
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/01/02

11. 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 filing 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)(f), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 561-477140

CR2E040 (8/02)



9858 W. GLADES ROAD ♦ SUITE 180 ♦ BOCA RATON, FLORIDA ♦ 33434 ♦ TEL. (561) 477-1420 ♦ FAX (561) 477-1422
WWW.DIAMARJEWELRY.COM

To: Florida Department of State

Re: Document L95652
Diamar, Inc.

To: Whom it may concern

This letter is being written to inform you that we have never received the first or the second notice for the Annual Business Report form for the year 2002.

I am asking that you please accept my check in the amount of \$150.00 to reinstate my corporation.

Sincerely,



Margalith Albert Diamond

Margalith Albert Diamond

10/31/2002