PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 09 OCT 23 AM 9: 36			
DOCUMENT # N9800000941 1. Corporation Name THE BARRACUDA DIAMOND CLUB, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA 10/23/0901024010**70.00 REINSTATEMENT 2099			
2. Principal Office Address - No P.O. Box # 10101 SW 15 2 Street 13615 S. Di							CR2E081 (12/08)		
Suite, Apt. i	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc. 114-387	•		4. Date Incorporated or Qualified			
City & State			City & State			10 Do Business in Florida 02/16/1998 5. FEI Number Applied For			
Miami, FL Zip Country			Miami, FL			65 0811726 Not Applicable			
3315		USA	33176-7254	US	•	6. CERTIFICATE	OF STATUS DESIRED 🛛	\$8.75 Additional Fee required for a Certificate of Status	
Name David Bisceglia Street Address (P.O. Box Number is Not Acceptable) 8890 S.W. 125 Terrace Suite, Apt. #, Etc.						The 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 reinstatement			
City Miami State 33176						fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date Date 10/19/2009		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City /	State / Zip	
PD	William Thiele			910	91001SW1174 Street		Miami, FL	33157	
VD	Raymond A. Martinez			748	7484 SW 156 Street		Miami, FL	33157	
VD	Joan B. Lobo			174	17430 SW 91 Avenue		Miami, FL	33157	
VD	Bert De Armas			440	440 SW 29 Road		Miami, FL	33129	
TD	Maybel Salgueiro			770	7705 SW 67 Terrace		Miami, FL	33143	
SD	Magaly C. Neto				13336 NW 5 Terrace		Miami, FL	33182	
10. 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my prefeture shall have the same legal effect as if made under oath. SIGNATURE: William Thiele 10/19/2009 (305) 302-0776 Date Daytime Phone #									

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