

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000038089

1. Entity Name
DIAMONDS REALTY OF MIAMI BEACH, INC.



FILED

2007 NOV -5 PM 1:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**960 ARTHUR GODFREY RD S
SUITE 212
MIAMI BEACH, FL 33140**

Mailing Address
**960 ARTHUR GODFREY RD S
SUITE 212
MIAMI BEACH, FL 33140**

2. Principal Place of Business - No P.O. Box #
1876 79 STREET CAUSEWAY

3. Mailing Address
SAUE

Suite, Apt. #, etc.

City & State
NORTH BAY VILLAGE FL

City & State

Zip
33141

Country



11022007 REIN-P CR2E098 (1/07)

4. FEI Number
65-1005012

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENDOZA, NESTOR
960 ARTHUR GODFREY ROAD, STE. 212
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name
NESTOR MENDOZA

Street Address (P.O. Box Number is Not Acceptable)
1876 79 STREET CAUSEWAY

City
NORTH BAY VILLAGE FL

Zip Code
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **NOV 2 2007**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, NESTOR 960 ARTHUR GODFREY RD, STE 212 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1876 79 STREET CAUSEWAY NORTH BAY VILLAGE FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112460355 11/20/07--01034--007 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other fees empowered.

SIGNATURE *[Signature]* **NOV 2, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #