

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 DEC 28 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069785

1. Corporation Name

DIANA DRIVE INVESTMENT, INC.

Principal Place of Business

300 S. POINTE DRIVE, UNIT 2302  
MIAMI BEACH FL 33139

Mailing Address

300 S. POINTE DRIVE, UNIT 2302  
MIAMI BEACH FL 33139

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

07/21/2000

5. FEI Number

65-1026006

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	JAEGER, WILLIAM	300 S. POINTE DRIVE, UNIT 2302	MIAMI BEACH FL 33139
			6000004769856--2 -01/11/02--01060--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LITMAN, NEAL S ESQ.  
GROVE PLAZA - SECOND FLOOR  
2900 S.W. 28TH TERRACE  
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name

WILLIAM JAEGER

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

300 S. POINTE DR

Suite, Apt. #, Etc.

2302

City

MIAMI BEACH

State

FL

Zip Code

33139

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

*William Jaeger*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/26/2001

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)(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:

*William Jaeger*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2001

Date

305-673  
8094

Daytime Phone #

CR2E040 (8/01)