

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JAEGER, WILLIAM	300 S. POINTE DRIVE, UNIT 2302	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

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

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

Date

**11-15-03**

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-15-03**

Daytime Phone #



**REINSTATEMENT 2003**

CR2E040 (7/03)

222

November 6, 2003

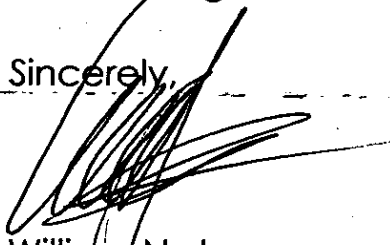
Ms. Glenda E. Hood  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Document # P00000069785  
Diana Drive Investment, Inc.

I hereby request that the \$600 reinstatement fee be waived since the two prior uniform business report (UBR) notices were not received.

Enclosed with this waiver request are the completed application for reinstatement and the accompanying \$150 annual filing fee for a "for-profit" corporation.

Sincerely,



William N. Jaeger  
Director  
300 S. Pointe Drive  
Unit 2302  
Miami Beach, FL 33139