

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 26 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000071576**

**1. Corporation Name**

BLUE DIAMONDS HOLDINGS, INC.

000033959690  
04/26/04--01060--001 \*\*900.00

**2. Principal Office Address**

1390 Brickell Avenue

**3. Mailing Office Address**

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

US

Zip

33131

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/24/2000

**5. FEI Number**

65-1030726

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-21-04

**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
PT	Maria Luz	1390 Brickell Avenue, Suite 200	Miami, Florida 33131
S	Alvaro Castillo	1390 Brickell Avenue, Suite 200	Miami, Florida 33131

**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 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)(l), 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

Secretary

Alvaro Castillo

Date

4-21-04 (305) 871-8840

Daytime Phone #

CR2E081 (01/04)