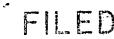
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

STATE

APPLICATION FOR REINSTATEMENT	M	DEPART Katheri ecretar	ė
		•	_



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SEGREMARY OF STATE TALLAHASSEE, FLORIDA

P00000077437 DOCUMENT #

1. Corporation Name

BLUE DIAMOND HAULING, INC.

Principal Place of Business

Mailing Address

9635 N.W. 53ND MANOR-CORAL SPRINGS FL 33076 9695 N.W. 53ND MANOR -CORAL SPRINGS FL 33076

in about dearester and internet in any may, and and	5	
	New Mailing Office Address, V Applyable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1
City & State	City & State	l

Date Incorporated or Qualified To Do Business in Florida

FEI Number

08/16/2000

Applied For Not Applicable

\$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	MARTINS, MARCELO	<del>-9635-N.W. 53ND MANOR-</del>	CORAL SPRINGS FL 33076
		M LAGCUNGEUP	ANDR
			3000047036436 -12/04/0101030011
			****150.00 ****150.00
			148
	8. Name and Address of Current Regist	tered Agent 9. Nam	ne and Address of New Registered Agent

8. Name and Address of Current Registered Agent

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

Suite, Apt. #, Etc.

City

State 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.

Signature of Registered Agent

MARTINS, MARCELO -

9635 N.W. 52ND MANOR

**CORAL SPRINGS FL 33076** 

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007

Detaber 28, 2001

To whom It may concern

PLEASE SEE AHACH COPY. THE ADDRESS IS UNDONG & THENER RECEIVED + THE RENEWAL NOTICE: Through those paid it. Enclosed is my check for #150.00

Trank you some the work time and share me