

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077437

1. Corporation Name

BLUE DIAMOND HAULING, INC.

Principal Place of Business

Mailing Address

~~9635 N.W. 53RD MANOR~~  
CORAL SPRINGS FL 33076

~~9635 N.W. 53RD MANOR~~  
CORAL SPRINGS FL 33076

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

A. New Principal Office Address, If Applicable

~~9635 N.W. 53RD MANOR~~  
Suite, Apt. #, etc.

City & State

Zip

Country

B. New Mailing Office Address, If Applicable

~~9635 N.W. 53RD MANOR~~  
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2000

5. FEI Number

105-1032723

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	MARTINS, MARCELO	<del>9635 N.W. 53RD MANOR</del>	CORAL SPRINGS FL 33076
		9635 N.W. 52ND MANOR	
			300004703643--6 -12/04/01--01030--011 ****150.00 ****150.00
			ILLS

8. Name and Address of Current Registered Agent

MARTINS, MARCELO  
9635 N.W. 52ND MANOR  
CORAL SPRINGS FL 33076

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/28/01

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

10/28/01

Daytime Phone #

954-540-4613

CR2E040 (8/01)

202

October 28, 2001

To Whom It May Concern,

PLEASE SEE ATTACH COPY. THE ADDRESS IS WRONG & I NEVER RECEIVED THE RENEWAL NOTICE. I WOULD HAVE PAID IT. ENCLOSED IS MY CHECK FOR \$150.00

THANK YOU AGAIN FOR YOUR TIME & CONSIDERATION. PLEASE RE-INSTATE ME.