

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAY 16 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR  
01-02

DOCUMENT #

100000117951

1. Corporation Name

DIAMOND SALES AND MARKETING, INC.

2. Principal Office Address

1600 N. ATLANTIC AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL

City & State

Zip

32931

Country

BREVARD

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-29-00

5. FEI Number

59-3706885

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

LEONARD P. REINA

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

255 EIGHTH STREET SOUTH

Suite, Apt. #, Etc.

City

NAPLES, FL 34102

State

FL

Zip Code

34102

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

Date MAY 8, 2002

REGISTERED AGENT MUST SIGN

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
PRES	LEONARD P. REINA	255 EIGHTH ST. S.	NAPLES, FL 34102
SEC/TREAS	LEONARD P. REINA	255 EIGHTH ST. S.	NAPLES, FL 34102

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)(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

Daytime Phone #

LEONARD P. REINA PRES 5/8/2002 239-2632059

CR2E001 (9/01)

BB