

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001036

1. Corporation Name

MY THREE DIAMONDS, INC.

Principal Place of Business

8333 LOWMAN AVE.
ORLANDO FL 32818

Mailing Address

8333 LOWMAN AVE.
ORLANDO FL 32818



300009201213
11/25/02--01052--013 **150.00

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

2. New Principal Office Address, If Applicable

153 Stone Gable Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

153 Stone Gable Circle
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2001

5. FEI Number

59-3687161

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Winter Springs, FL
Zip
32708
Country
USA

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Winter Springs, FL
Zip
32708
Country
USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GEORGE, RACHAEL	8333 LOWMAN AVE. 153 Stone Gable Circle	ORLANDO FL 32818 Winter Springs, FL 32708
VD	GEORGE, SUZANNE	8333 LOWMAN AVE. 153 Stone Gable Circle	ORLANDO FL 32818 Winter Springs, FL 32708

8. Name and Address of Current Registered Agent

GEORGE, RACHAEL
8333 LOWMAN AVE.
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

Rachael George

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

153 Stone Gable Circle

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/22/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02

Date

407-327-7608

Daytime Phone #

CR2ED40 (802)

November 22, 2002

To Whom It May Concern:

I have just received a Notice of Administrative Dissolution /Revocation from you for my Corporation, My Three Diamonds, Inc. Fortunately it was forwarded to me by the new owners at my previous address. I enclosed a copy of the address label. I have no idea why your other mailings weren't forwarded but this is the first one that I have received.

I have enclosed the fee to file the report without penalty of \$150.00. If you need anything further from me please contact me at:

Address: 153 Stone Gable Circle Winter Springs, FL 32708

Phone: 407-327-7608

Email: Cmtraditions@cfl.rr.com

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rachael George". The signature is written in dark ink and is positioned above the printed name.

Rachael George