

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000004946**

1. Corporation Name

**DIOMAR CORPORATION**

Principal Place of Business

Mailing Address

18051 BISCAYNE BLVD APTM #505  
TOWER 1 NORTH  
AVENTURA FL 33160

18051 BISCAYNE BLVD APTM #505  
TOWER 1 NORTH  
AVENTURA FL 33160



**REINSTATEMENT** 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~8264 NW 58 st~~

~~8264 NW 58 st~~

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

33166

U.S.A

Zip

Country

33166

U.S.A

5. FET Number

65-1071016

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	OCAMPO, OMAR	18051 BISCAYNE BLVD APTM #505	AVENTURA FL 33160
✓	Aristizabal, Diego	9601 Fountain blue blv #310	Miami FL 33172 100024339761 10/31/03--01084--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OCAMPO, OMAR  
18051 BISCAYNE BLVD APTM #505  
TOWER 1 NORTH  
AVENTURA FL 33160

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (7/03)

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]*  
REGISTERED AGENT MUST SIGN

Date 10-27-03

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]* Omar Ocampo 10-27-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #