PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ... **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P01000004946

1. Corporation Name

DIOMAR CORPORATION

Principal Place of Business

SIGNATURE:

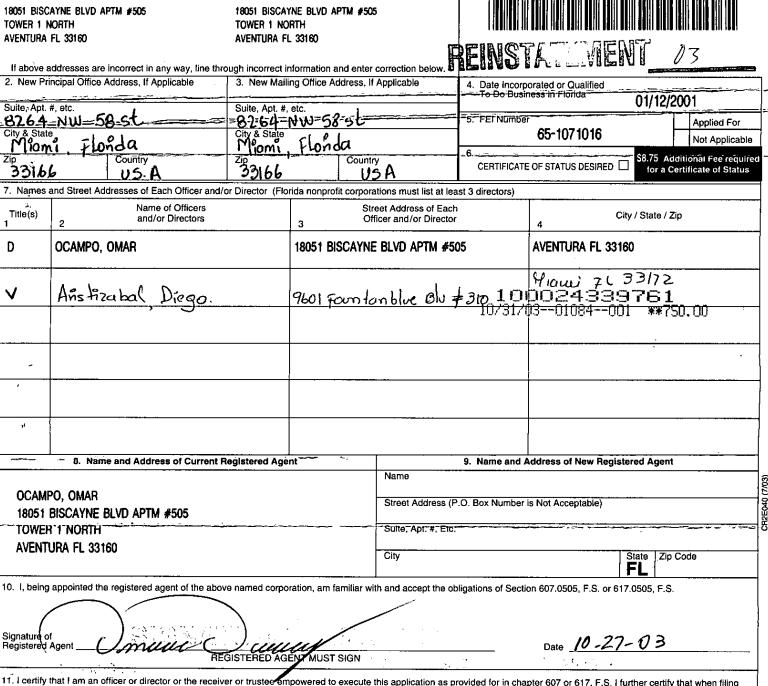
Mailing Address

TOWER 1 NORTH

ÉÜÉD

03 NOV 26 AM 9:35

SECRETAL OF STATE TALLALIANIASUFE, FLORIDA



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

Carmpd 10 - 27 - 03

Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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

mulle