

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008159

1. Corporation Name

DIAMOND ACRYLICS DECKING, INC.

Principal Place of Business

13242 COMPANION CIR SOUTH
JACKSONVILLE FL 32224

Mailing Address

13242 COMPANION CIR SOUTH
JACKSONVILLE FL 32224



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

59-3691997

☒ 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
PD	SUBER, JAMES C	13242 COMPANION CIR SOUTH	JACKSONVILLE FL 32224
VD	SUBER, CYNTHIA E	13242 COMPANION CIR SOUTH	JACKSONVILLE FL 32224

500008626775

10/28/02--01090--008 **150.00

02 URB

8. Name and Address of Current Registered Agent

SUBER, JAMES C
13242 COMPANION CIR SOUTH
JACKSONVILLE FL 32224

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

CR2E040 (8/02)

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

10/24/02

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

E. Suber

10/24/02

Daytime Phone #

904-270-1620

Dear Sir

10-24-02 2F2

I called your office today & informed them that I received a notice of dissolution of our corporation; however, I also informed her I had never received our bill for annual renewal. This was the first for me to file & I would have submitted whatever paperwork and monies needed.

She asked that I inform you of my situation, submit this form & verify. All information is still correct & submit a check for \$150 ASAP. I am doing that today.

Thanks
Apthia E. Siler