


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL -8 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000009422			
1. Corporation Name DIAMOND RESIDENTIAL GROUP, INC.			
2. Principal Office Address 1177 George Bush Blvd.		3. Mailing Office Address 1177 George Bush Blvd.	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country USA	Zip 33483	Country USA

100057202051
07/08/05--01016--003 **1208.75

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida January 25, 2001	
5. FEI Number 20-2982063	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Greenberg & Strelitz, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 4800 N. Federal Highway		
Suite, Apt. #, Etc. 304D		
City Boca Raton	State FL	Zip Code 33431

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 [Signature] Vice President Greenberg & Strelitz, P.A. Date 6/9/05

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
D.P	Gerald Diamond	1177 George Bush Blvd., Suite 100	Delray Beach, FL 33483
V	R. Nicholas Diamond	1177 George Bush Blvd., Suite 100	Delray Beach, FL 33483

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] 6/24/05 561-279-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

7/14/05