

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118805

1. Corporation Name

DIAMOND FLOWER, CO.

4216 HYMOUNT AVE
4216 HYMOUNT AVE

2. Principal Office Address

4216 HYMOUNT AVE

3. Mailing Office Address

4216 HYMOUNT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34231

Country

US

Zip

34231

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 12/14/2001

5. FEI Number

65-1156337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THWIN, MYO M.

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

4216 HYMOUNT AVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

X

[Signature]

Date

12/1/04

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
PD	THWIN, MYO M.	4216 HYMOUNT AVE	SARASOTA, FL 34231
VD	SANDA SUAN	4216 HYMOUNT AVE	SARASOTA, FL 34231

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THWIN, MYO M.

Date

12/1/04

Daytime Phone #

(941) 586 3843

CR2E081 (01/04)

DIAMOND FLOWER, CO.
4216 HYMOUNT AVE.
SARASOTA, FL 34231

November 30, 2004

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: Annual Reports for 2003&2004

DOCUMENT NUMBER: P01000118805

To whom it may concern,

Please note that we did not receive the renewal notice for year 2003 & 2004 since our mailing address has been changed to 4216 Hymount Ave., Sarasota, FL 34231. Please find attached Profit Corporation Reinstatement and a check of \$300 for 2003 & 2004 filing fees. It would be highly appreciated if you could kindly waive the penalty and reinstate this company. Thank you!

Sincerely yours

X 

Myo M. Thwin, President