

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 OCT 21 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000071710**

1. Corporation Name

DIAMOND JIM BRADY'S, INC.

Principal Place of Business

Mailing Address

827 W BLOOMINGDALE AVE
 BRANDON FL 33511

827 W BLOOMINGDALE AVE
 BRANDON, FL 33511

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/01/2002

5. FEI Number

74-3049957

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	BRADY, ROBERT J JR	316 EMBERWOOD DR	BRANDON FL 33511 <i>remove</i>
DVT	CHMURA, JAMES M	7921 GEORGE WASHINGTON DR	TAMPA FL 33637
DPS	Duane Dubay	2716 Brandonview Dr	Brandon FL 33511

10/15/03

800023971418
 10/21/03--01072--018 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRADY, ROBERT J JR
 316 EMBERWOOD DR
 BRANDON FL 33511

Name

James M. Chmura

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

7921 George Washington Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637

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

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #

CR2E040 (7/03)