

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000088412**

1. Corporation Name

**Diamond Dental Lab, INC**  
**WL-14500**

2. Principal Office Address - No P.O. Box #

**4520 W. Linebaugh Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33624**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/14/2002**

5. FEI Number

**522374083**

☐ 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

**Choohyun J Kim**

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

**4520 W. Linebaugh Ave**

Suite, Apt. #, Etc

City

**Tampa**

State

**FL**

Zip Code

**33624**

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

Date **2/1/2010**

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
VP	Sonhui Cho	8818 Royal Enclave Blvd	Tampa, FL 33626

10. E-mail Address: **SONHUI 28@AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

**2/1/2010 813-244-5610**

FILED

10 MAR 31 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400172790074  
03/31/10--01033--004 \*\*150.00

400172790074  
03/22/10--01051--004 \*\*1350.00

REINSTATEMENT 05-10