

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P02000118648

1. Corporation Name

NEW DIAMOND FOOD STORE INC

2. Principal Office Address
1345 KATHLEEN RD

3. Mailing Office Address
5701 POINCIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKELAND, FL

City & State
LAKELAND, FL

Zip
33805

Country
USA

Zip
33809

Country
USA

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REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida
11/05/02

5. FEI Number
30-0126824

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
KAZAMI, HASSAN M

200080029232

09/21/06--01032--003 **608.75

Street Address (P.O. Box Number is Not Acceptable)
5701 POINCIANA AVE

Suite, Apt. #, Etc.

City
LAKELAND

State
FL Zip Code
33809

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

REGISTERED AGENT MUST SIGN

Date
09/11/06

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
PRESIDENT	KAZMI, HASSAN M	5701 POINCIANA AVE	LAKELAND, FL 33809
V PRESIDENT	KAZMI, UZMA M	5701 POINCIANA AVE	LAKELAND, FL 33809
DIRECTOR	KAZMI, MOHAMED F	5701 POINCIANA AVE	LAKELAND, FL 33809

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 contained in Chapter 119, 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

09/11/06

Date

(863) 682-825

Daytime Phone #