

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000119628**

1. Corporation Name

**DIAMOVA INC, A FLORIDA
CORPORATION.**

2. Principal Office Address

21055 NE 37th AV

Suite, Apt. #, etc.

UNIT 3002

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S

3. Mailing Office Address

21055 NE 37th AV

Suite, Apt. #, etc.

UNIT 3002

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/02.

5. FEI Number

20-1069714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2-24-04 01029 010 150.00
1-27-04 01007 001 750.00

7. Name and Address of Current Registered Agent

Name

GRISALES and JACOBS, LLP

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

1911 HARRISON STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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]

REGISTERED AGENT MUST SIGN

Date **5/3/04**

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
P	ROSIO PERDOMO	21055 NE 37 th AV UNIT 3002	AVENTURA, FL 33180
V	DIANA A. ARANGO PERDOMO	21055 NE 37 th AV UNIT 3002	AVENTURA, FL 33180
S	MONICA A. ARANGO PERDOMO	21055 NE 37 th AV UNIT 3002	AVENTURA, FL 33180
T	VANESA ARANGO PERDOMO	21055 NE 37 th AV UNIT 3002	AVENTURA, FL 33180

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-04-04

Date

Daytime Phone #

CR2E081 (01/04)