


2005 FOR-PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P03000031601		
1. Entity Name DIAMONDS MARKET CORP		

FILED

05 JAN 27 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 1200 S PINE ISLAND ROAD PLANTATION, FL 33324
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2. Principal Place of Business 15145 Shaw Rd Suite, Apt. #, etc.	3. Mailing Address 15145 Shaw Rd Suite, Apt. #, etc.
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REINSTATEMENT



01222005 REINSTATEMENT CR2E098 (6/04) 04-05

City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 11-3684440	Applied For Not Applicable
Zip 33625	Country US	Zip 33625	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name AMOS HALFON Street Address (P.O. Box Number is Not Acceptable) 15145 Shaw Rd. City Tampa FL Zip Code 33625	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: AMOS HALFON, VP *Amos Halfon* 1/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P IZAK MERIN 580 5th Ave. Ste. 518 New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP AMOS HALFON 580 5th Ave. Ste. 518 New York, N.Y. 10036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800046018968 02/04/05--01015--004 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mrs. Halfon* 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Samia Wahba

Please be advised we
never received any forms
or information regarding
the renewal.

Please reinstate this
Corp., a check of the
renewal Fees Attached.

Thank you for cooperation.
Samia Wahba

**Support Our Troops
Remember Our Veterans**