


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000051392		
1. Entity Name DIAMOND TOWERS CORPORATION		

Principal Place of Business 9101-9185 US HWY 29 N PINELLAS PARK, FL 33782	Mailing Address 9101-9185 US HWY 29 N PINELLAS PARK, FL 33782
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2. Principal Place of Business - No P.O. Box # 17582 BOCAIRE WAY	3. Mailing Address 17582 BOCAIRE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

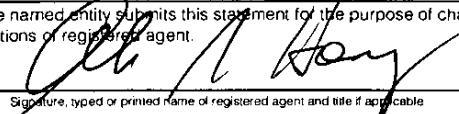
City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA
Zip 33487	Zip 33487
Country PALM BEACH	Country PALM BEACH

02052007 REIN-P CR2E098 (1/07)

4. FEI Number 14-1889991	Applied For <input type="checkbox"/> Not Applicable
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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 SILBERMANN, GALE ESQ. 1150 CLEVELAND STREET, SUITE 300 CLEARWATER, FL 33755	7. Name and Address of New Registered Agent Name ALAN S. HONIG CPA Street Address (P.O. Box Number is Not Acceptable) 17582 BOCAIRE WAY City BOCA RATON FL Zip Code 33487
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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  Signature, typed or printed name of registered agent and title if applicable	ALAN S. HONIG (NOTE: Registered Agent signature required when reinstating) DATE 2/7/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLEISSNER, MICHAEL 9125 US HIGHWAY 19 NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MICHAEL FLEISSNER c/o ALAN S. HONIG CPA 1501 BROADWAY, SUITE 1313, NY, NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STREICH, E. 9125 US HWY 19 N PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000088982560 02/22/07--01001--019 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MICHAEL FLEISSNER Date 2/7/07	212 764-1234 Daytime Phone #
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FILED

07 FEB 12 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



cc 2/14