

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC 22 AM 11:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153021 1. Entity Name DIVA BY THE SEA, INC.					
Principal Place of Business 9320 NW 10TH COURT PLANTATION, FL 33322			Mailing Address 9320 NW 10TH COURT PLANTATION, FL 33322		
2. Principal Place of Business 11401 PINES BLVD Suite, Apt. #, etc. # 664		3. Mailing Address 11401 PINES BLVD Suite, Apt. #, etc. # 664			
City & State PEMBROKE PINES, FL Zip 33026		City & State PEMBROKE PINES, FL Zip 33026		4. FEI Number 20-0695840	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZANI, LIMOR 9320 NW 10TH COURT PLANTATION, FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZANI, LIMOR 9320 NW 10TH COURT PLANTATION, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12345678901234567890.00	
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	
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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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					