


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -2 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000029577			
1. Entity Name DIAMOND C AGGREGATE, INC.			
Principal Place of Business 900 THOMAS AVENUE LEESBURG, FL 34748		Mailing Address 900 THOMAS AVENUE LEESBURG, FL 34748	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10132005		REIN-P CR2E098 (6/04)	
4. FEI Number 20-1161311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITING CINDY O 900 THOMAS AVENUE LEESBURG, FL 34748		Name <sup>CINDY O. WHITING</sup> Diamond C Aggregate Inc. Street Address (P.O. Box Number is Not Acceptable) 900 Thomas Ave City Leesburg FL Zip Code 34748	
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 <i>Cindy O Whiting</i>		DATE 10/25/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Cindy O Whiting 4470 SW 7th Ave Rd Ocala FL 3474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			550.00
			7/8/05 90025 032 <input type="checkbox"/> Change <input type="checkbox"/> Addition
			000061101340
			11/02/05--01007--003 **200.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: <i>Cindy O Whiting</i>		Date 10/17/05 352 728 5361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

11/200