

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16

DOCUMENT # **P04000072390**

1. Corporation Name

Diamond Edge Tools, INC

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Lake Worth

Zip

33467

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

700163667527
12/16/09--01003--013 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/04

5. FEI Number

562462439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angella Price

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

7969 Heavener Ct

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Angella Price

REGISTERED AGENT MUST SIGN

Date **12-7-09**

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	Jeffrey A. Price	7969 Heavener Ct	Lake Worth, FL
VP	Angella G Price	7969 Heavener Ct	Lake Worth, FL

REINSTATEMENT

08-09

10. E-mail Address: **AngellaPrice@aol.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Angella Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/09

Date

561-951-4539

Daytime Phone #