

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 4:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

DOCUMENT # *P05000027673*

1. Corporation Name

BOYD DIAMOND BRITE, INC

REINSTATEMENT

400177732494

04/26/10--01067--014 **458.75

CR2E081 (4/10)

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

2757 VILLAGE PINE TERR

Suite, Apt. #, etc.

3. Mailing Office Address

2757 VILLAGE PINE TERR

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32833

Country

USA

City & State

ORLANDO, FLORIDA.

Zip

32833

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2005

5. FEI Number

202345350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.76 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PERCY BOYD, JR

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

2757 VILLAGE PINE TERRACE

Suite, Apt. #, Etc

City

ORLANDO

State

FL

Zip Code

32833

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Date

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>PERCY BOYD JR</i>	<i>2757 VILLAGE PINE TERRACE</i>	<i>ORLANDO FL 32833</i>

**M. MILLIGAN
EXAMINER**

MAY - 3 2010

10. E-mail Address:

cboyd86@yahoo.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:

Percy Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2010

Date

Daytime Phone #

407-763-8812