

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139798					
1. Entity Name JONATHAN DIAMOND INC.					
Principal Place of Business 9745 ARBOR OAKS LANE APT. #305 BOCA RATON, FL 33428			Mailing Address 9745 ARBOR OAKS LANE APT. #305 BOCA RATON, FL 33428		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 020758116	
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		
KRIEGER, JONATHAN 9745 ARBOR OAKS LANE APT. #305 BOCA RATON, FL 33428			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				DATE 11/28/06	
(NOTE: Registered Agent signature required when reinstating)				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				11022006	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KRIEGER, JONATHAN 9745 ARBOR OAKS LANE APT. #305 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082468682 12/12/06--01030--009 **150.00	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
(Typed or Printed Name of Signing Officer or Director)					

FILED

06 DEC 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DEC 11 2006