


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P06000028899

1. Entity Name
DIAMOND SHINE ENTERPRISES, INC.



Principal Place of Business
10910 PALM RIDGE LANE
TAMARAC, FL 33321 US

Mailing Address
10910 PALM RIDGE LANE
TAMARAC, FL 33321 US

2. Principal Place of Business - No P.O. Box #
7277 NW 58th Way
Suite, Apt. #, etc.

3. Mailing Address
7277 NW 58th Way
Suite, Apt. #, etc.

City & State
Parkland, FL
Zip 33067 Country

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Parkland, FL
Zip 33067 Country

FILED

08 JUL 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/26/07 90184 01154W

04242008 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAMONTANO, NORMA
10910 PALM RIDGE LANE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7277 NW 58th Way

City Parkland FL Zip Code 33067

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]* DATE 4/29/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	P TRAMONTANO, NORMA 10910 PALM RIDGE LANE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7277 NW 58th Way Parkland, FL 33067 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <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

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]* DATE 4/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR