PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 JUL 27 AM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P13000068601

1. Corporation Name

Natural Diamonds Investment Co.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 Worth Ave.	125 Worth Ave.
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480 Country USA	Zip 33480 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8-16-2013.

5. FEI Number 46-3477902 ☐ 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: Jose A. Aman.

Street Address (P.O. Box Number is Not Acceptable): 125 Worth Avenue

Suite, Apt. #, Etc.: Suite 203

City: Palm Beach State: FL Zip Code: 33480

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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: Jose (REGISTERED AGENT MUST SIGN) Date: 7-26-17.

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	Jose A. Aman	125 Worth Ave	Palm Beach, FL. 33480
VP	Harold Seigel	1301 International Pwy	Fort Lauderdale, FL. 33323
SEC	Jonathan Seigel	1301 International Pwy.	Fort Lauderdale, FL. 33323

10. E-mail Address: joseaman123@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jose 7-26-17 561-340-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D. Dunlop