

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1997 8:00 am
Secretary of State

DOCUMENT # **P92000014771**

1. Corporation Name

DIAMOND AUTO EXCHANGE, INC.

Principal Place of Business

**310 NE 39 AVE
GAINESVILLE FL 32609**

Mailing Address

**310 NE 39 AVE
GAINESVILLE FL 32609**



REINSTATEMENT *AD 96-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1992

5. FEI Number

59-3156238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LIUZZO, GREGGORY G	1619 SW 76 TERRACE	GAINESVILLE FL 32607

100002105151-0
-03/05/97--01084--009
*******923.75 *****923.75**

8. Name and Address of Current Registered Agent

**OSTROWSKI, DAVID V.
310 NORTHEAST 39TH AVENUE
GAINESVILLE FL 32609**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

David V. Ostrowski
REGISTERED AGENT MUST SIGN

Date **3-3-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *y*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 352-376-0444

Date

Daytime Phone #

CR2040 (7/96)