


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P93000070655</b> 1. Entity Name <b>DIAMANTE DAY SPA, INC.</b>	
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FILED

2008 NOV 21 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1489 SE 17TH ST CAUSEWAY SUITE 2-G FT LAUDERDALE, FL 33316</b>	Mailing Address <b>1489 SE 17TH ST CAUSEWAY SUITE 2-G FT LAUDERDALE, FL 33316</b>
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11182008 REIN-P CR2E098 (1/07)


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0497231</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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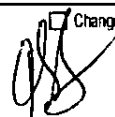
<b>6. Name and Address of Current Registered Agent</b>  DIAMANTE, DARLENE 1489 SE 17TH ST CAUSEWAY STE 2F-G FT LAUDERDALE, FL 33316	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The 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 11-18-08

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMANTE, DARLENE	NAME	<b>500138166945</b>
STREET ADDRESS	1815 N. SURF RD #704	STREET ADDRESS	<b>11/21/08--01023--005 **150.00</b>
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2008</b> 	

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:  DATE 11-18-08 DAY/ME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR