## 2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						gaser it it was to be.				
DOCUMENT # P93000070655							FILED			
DIAMANTE DAY SPA, INC.						2	008 NOV 21	PM 2:53		
Principal Place	of Busines	s	Mailing Address			SECRETARY	OF STATE			
1489 SE 17T	H ST CAUSE	EWAY	1489 SE 17TH ST CAUSEWAY			T.	ALLAHASSE	F. FI ORIDA		
SUITE 2-G			SUITE 2-G			· '	ALEMINOUL	LIF LOIND?		
FT LAUDERDA	ALE, FL 33	316	FT LAUDERDALE, FL 33316			I ITALIET NA	INIAN IRII ENIN NARI ERII	. 89171 (6911 69116 6719) 6467 611	18 <b>4</b> 1 II 1881	
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11182008	REIN-P	CR2E098 (1/07)		
City & State			City & State			4. FEI Numbe		<del></del>	plied For t Applicable	
Zip		Country	Zip Country		ntry	<del> </del>	of Status Desired	S8.75 Add	itional	
	6. Name	and Address of Current			7. Name and Address of New Registered Agent					
Name Name										
DIAMANTE, DARLENE 1489 SE 17TH ST CAUSEWAY					Street Address (P.O. Box Number is Not Acceptable)					
STE 2F-G FT LAUDERDALE, FL 33316										
					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 egent.										
SIGNATURE Construe, typed or printed large of registered agent and tale if applicable. (NOTE: Registered Agent alignature required when relinateting)  DATE										
FILE NOWIII FEE IS \$150.00  After January 1, 2009, Fee will be \$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 OFFI	CERS AND DIRECTORS	S IN 11	
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NAME		E, DARLENE		HE	50	01291	RE945			
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STREET ADORESS CITY-ST-ZIP					EET ADORESS /-ST-ZIP			(V)		
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 otherwise empowered.										
The state of the s										
SIGNATURE:  SIGNATURE AND TYPES OF PENTED NAME OF SIGNING OFFICER OF DIRECTOR							<u>//- 18-09</u>	Daytime Phone #	<del></del>	
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