

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000024266**

1. Corporation Name

DIAMOND CLEANING, INC.

Principal Place of Business

Mailing Address

4356 W 10th AVENUE 4356 W. 10th AV.

HALEAH, FL 33012 HALEAH, FL 33012

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

2. New Principal Office Address, if Applicable

17704 SW 24th CT.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

17704 SW 24th CT.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33029

Country

City & State

MIRAMAR, FL

Zip

33029

Country

REINSTATEMENT 90-97

FILED

97 MAY -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

3/30/1994

5. FEI Number

65-0478109

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	ARANA, DAISY	17704 SW 24 th CT.	MIRAMAR, FL 33029

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-05/09/97--01097--007
******915.00 ****915.00**

8. Name and Address of Current Registered Agent

ARANA, DAISY
4356 W 10th AV.
HALEAH, FL 33012

9. Name and Address of New Registered Agent

Name **ARANA, DAISY**
Street Address (P.O. Box Number is Not Acceptable)
17704 SW 24th CT.
Suite, Apt. #, Etc.
City **MIRAMAR** State **FL** Zip Code **33029**

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

DAISY ARANA

REGISTERED AGENT MUST SIGN

Date **4/30/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

DAISY ARANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

Daytime Phone #

CR20040 (6/95)