

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 28 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000039927

## 1. Corporation Name

UNITED DIAMOND MANUFACTURERS, INC.

36 N.E. 1ST STREET

## 2. Principal Office Address

36 N.E. 1ST STREET

## Suite, Apt. #, etc.

#534

## City &amp; State

MIAMI, FLORIDA

## Zip

33160

## Country

DADE

## 3. Mailing Office Address

## Suite, Apt. #, etc.

## City &amp; State

## Zip

## Country

REINSTATEMENT 03-04

09/02/03 90186 035 \$550.00

4. Date Incorporated or Qualified  
To Do Business in Florida 5/23/19945. FEI Number  
65-049376

## 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

MICHAEL GLINSKY &amp; COMPANY

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

169 EAST FLAGLER STREET

## Suite, Apt. #, Etc.

SUITE #1118

## City

MIAMI

## State

FL

## Zip Code

33131

## 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*Michael Glinsky & Company*  
REGISTERED AGENT MUST SIGN

Date 5/25/2004

## 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
D	MOSHE SOMEK	3234 NE 211 TERRACE	AVENTURA, FLORIDA 33180

10. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04

Date

305-358-0140

Daytime Phone #

CR2E031 (01/04)