PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
APPLICATION	FLORIDA DEPARTMENT OF STATE	A ALL COMPANY AND A COMPANY
FOR 77-98	Sandra B. Mortham Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	AD MID OF DY 2: 01
DOCUMENT # $P95/)($	DNUailag	98 MAR 25 PM 3: 24
1. Corporation Name		SECRETARY OF STATE
Diamonds Or	h ice! inc.	TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	-
10 B S.E. FIRST AVENUE		
DELRAY BEACH, FL 33444-3606		
If above addresses are incorrect in any way, line thro	bugh incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State Delran Beach, FL	City & State	6. (ADD Applicable
Zip 33444-26 Country USA	Zip Country	CERTIFICATE OF STATUS DESIRED
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at lea	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
President AMINE H. BROWN 10B S.E. First Aven		venue Delvary Beach, FL 33444
Vice JANICE O. LAFORTE 300 captains Walk# Delvay Beach, FL 3344		
Resident JANICE U. LA	TORTE 300 captains 1	TUDDO2469997
		-03/26/38-=01107 -013 -3 *****908.75 *****908.75
	REIN	STATEMENT 97-98
		- C. Claw
8. Name and Address of Current R		9. Name and Address of New Registered Agent
JANICE O. LA FORTE 300 Cerptains Walk, #117 Deliging Back I FI		
Delvay Beach	Suite, Apt. #, Etc.	
•	3348 3 City DELKAT	BEACH FL 33444-3606
10. I, being appointed the registered agent of the approximately and the approximately a	e named corporation, am familiar with and accept the ob	
Signature of Registered Agent MINE H. BROWN REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No V (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.		
		(561)
	ST LES TED NAME OF SIGNING OFFICER OR DIRECTOR A FORTE WILE PRESIDENT	3-22-98 279-4911 Date Daytime Phone #

4

.`

ł