PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 13 AM 10:05

DOCUMENT # P96000032641

1. Corporation Name: Diamond Beach Properties, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
4010 57th Ave South	Same
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-12-96

5. FEI Number: 65-0661928 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

400003433844--3
-10/20/00--01070--029
*****750.00 *****750.00

Name: Harvey Lang

Street Address (P.O. Box Number is Not Acceptable): 4010 57th Avenue South, Suite 204

400003433844--3
-10/20/00--01070--030
******8.75 ******8.75

Suite, Apt. #, Etc.:

City: Lake Worth, State: FL Zip Code: 33463

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: Harvey Lang REGISTERED AGENT MUST SIGN Date: Oct 6/00

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
ptsd	Harvey Lang	4010 57th Ave South #204	Lake Worth FL 33463

10/18

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)(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.

SIGNATURE: Harvey Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 6/00 Date

561-433-5210 Daytime Phone #