

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064684

1. Corporation Name

DIAMANTE AUTO SALES INC.

2. Principal Office Address - No P.O. Box #

1430 W FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

US

3. Mailing Office Address

2205 SW 16th TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

US

000129489640

05/14/08--01047--005 **750.00
CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/02/1996

5. FEI Number

592258289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee to be paid to the Secretary of State

7. Name and Address of Current Registered Agent

Name

ELADIO GODOY

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

2205 SW 16th TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Eladio Godoy

REGISTERED AGENT MUST SIGN

Date *May 12-08*

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
PRES	ELADIO GODOY	2205 SW 16th TERRACE	MIAMI, FL 33145
TRS	ELADIO GODOY	2205 SW 16th TERRACE	MIAMI, FL 33145
SEC	LESBIA GODOY	2205 SW 16th TERRACE	MIAMI, FL 33145

REINSTATEMENT

05-08^{KS}

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 contained in Chapter 119, 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:

Eladio Godoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12-08 (786) 797-3652
Date Daytime Phone #