

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN -4 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 79600092739

1. Corporation Name

Rust Diamond

2. Principal Office Address

47015 22 AVE S

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 12021

Suite, Apt. #, etc.

700003581497--2

-01/26/01--01077--010

****300.00 ****300.00

City & State

St Pete

City & State

St Pete

Zip

33712

Country

USA

Zip

33733

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-16-96

5. FEI Number

59-3417610

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

Patrick J Curran

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

7000 73 St

Suite, Apt. #, Etc.

City

Pinellas Park

State
FL

Zip Code

33781-3804

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-1-2000

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	Patrick J Curran	7000-73 St	Pinellas Park FL 33781

REINSTATEMENT

99800
[Signature]

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:

[Signature]

Patrick J Curran

12-1-2000 727-918-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)