

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**OFFICE OF THE SECRETARY OF STATE**  
**REINSTATEMENT**  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P9800006571  
**1. Corporation Name**  
 Diamond Mortgage Corporation  
 3500 N. State Rd 7 #456  
 Fort Lauderdale, FL 33319

**2. Principal Office Address**  
 3500 N. State Rd 7  
 Suite, Apt. #, etc.  
 #456  
 City & State  
 Fort Lauderdale, FL  
 Zip  
 33319  
 Country  
 U.S.

**3. Mailing Office Address**  
 Same  
 Suite, Apt. #, etc.  
 Same  
 City & State  
 Same  
 Zip  
 Same  
 Country  
 Same

**4. Date Incorporated or Qualified To Do Business in Florida** 2-19-1998  
**5. FEI Number** 650845112  
 Applied For  
 Not Applicable  
**6. CERTIFICATE OF STATUS DESIRED** ☒ \$8.75 Additional Fee required for a Certificate of Status

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT 17 AM 9:17

**7. Name and Address of Current Registered Agent**  
 Name  
 Dwetta Hunter  
 Street Address (P.O. Box Number is Not Acceptable)  
 3500 N. State Rd 7 #456  
 Suite, Apt. #, Etc.  
 #456  
 City  
 Fort Lauderdale  
 State  
 FL  
 Zip Code  
 33319

**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 Dwetta Hunter Date 10-14-2000  
 REGISTERED AGENT MUST SIGN

**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	Dwetta Hunter	10001 W. Atlantic Blvd Conal Springs, FL 33071	Conal Springs, FL 33071
V.P.	Ernest Hunter	8813 Chalk Walker Drive	Odessa, FL 33556
Secy/Treas	Dwetta Hunter	10001 W. Atlantic Blvd	Odessa, FL 33556

**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:** Dwetta Hunter (Dwetta Hunter) 10-14-2000 (954) 731-1201  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

# DIAMOND MORTGAGE

3500 N. STATE RD. 7  
SUITE #456

FORT LAUDERDALE, FL 33319

Phone: (954) 731-1201

Fax: (954) 731-1009

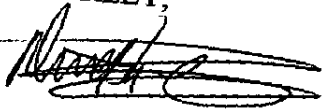
October 14, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT DEPARTMENT  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I NEVER RECEIVED ANY NOTICES FROM THE STATE OF FLORIDA DIVISION OF CORPORATIONS REGARDING THE STATUS OF THE CORPORATION AND THAT IT HAD BEEN DISSOLVED. PLEASE WAIVE ALL FEES. I AM ENCLOSING A CHECK FOR 308.75 DOLLARS PER THE PERSON I TALKED TO WHEN I CALLED IN ORDER TO REINSTATE THE CORPORATION AND GET A CERTIFICATE OF STATUS.

SINCERELY,



DWETTA HUNTER  
PRESIDENT