## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P98000031870



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 NOV 15 PM 5: 17 DIPLOMAT REALTY INC. Principal Place of Business Mailing Address REINSTATEMENT 06 1025 E. HALLANDALE BCH. BLVD. 1025 E. HALLANDALE BCH. BLVD. HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business Diplomat 10272006 REIN-P CR2E098 (11/05) 4. FEI Number Applied For 65-0931750 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAPI, JOAN M Street Address (P.O. Box Number is Not Acceptable) 2300 DIANA DR.,#403 HALLANDALE, FL 33009-4843 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of distered agent. o. SIGNATURE DATE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of register FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition TITLE NAME LAPI, JOAN M NAME STREET ADDRESS \*\*I50.00 STREET ADDRESS 2300 DIANA DR. #403 CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusfie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address, with all other like empowered. changed, or on an attachment with a 11-13-06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

To whom it may concern,

Please be advised that I never

received Owneral realizes for the year 2006 - regarding renewal-

Jen requesting the reinstatement fee - be warved because I did real receive prior rations- pertaining to Diplomat Realty One

Sincerely, Sean fage Pres. Dept met Ceally Dre.