PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE

JAN 22 PM 2: 40

CORPORATION	
REINSTATEMENT	



FLORIDA DEPARTMENT OF STATE

... Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT :	# P98000059562
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Miami, Florida Miami, Florida S. FEI Number 65_0850133 Applied For Not Applicable 65_0850133 To Country 33157 U.S. G. CERTIFICATE OF STATUS DESIRED To Additional Fee required for a Gerifficate of Status of Sta	1. Corporation Name	•		į	i	TALLA	HASSEE FLOR	IDA	-
11273 SW 152 Street 11273 SW 152 Street Suite, Apt. #, etc.		DIAMONDS	BEAUTY SUPPLY	FINC.				•	
11273 SW 152 Street 11273 SW 152 Street Suite, Apt. #, etc.				W-	000	† :			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Office Ad	dress	3. Mailing Office A	ddress		,		0.0	
City & State Micarru , Florida Country 33157 Country 33157 Country U.S. 7. Name and Address of Current Registered Agent Name Rajai Y. Suliman Rajai Y. Suliman Rajai Y. Suliman City Micarru Florida F	11273 SW 1	l52 Street	11273 SW	152 Stree	t	20000		(X)	1-321)1
City & State Miami, Florida Zip 33157 Country 45 State 4 Address of Current Registered Agent Rajai Y. Suliman City Miami City State Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City State / Zip City	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. Date Incor	porated or Qualified	ENT!	0001
To Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street 150 Number 150 Numbe	City & State , Miami, Flo	orida		orida		5. FEI Numbe	St.		
Name	zip 33157	•			•	6.		\$8:75 Addit	رود ional Fee required
Rajai Y. Suliman Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Suite. Apt. #, Etc. City Mi.ami 8. 1. being appointed the register60 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 Registered Agent Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name of Officers and/or Directors Titles Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Mi.ami , Florida 33157			7. Name a	nd Address of C	urrent Registere	ed Agent	* * #		
Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Street Address (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Acceptable) 11273 SW 152 Street Nition (P.O. Box Number is Not Number is Number is Not Number is Not Number is Not Number is Not Number is	Name	D-i-i M	C1		-				
Suite, Apt. #, Etc. City Mi.ami. State PL State Mi.ami. State Mi.ami. State Mi.ami. State Mi.ami. Mi.ami. State	Street A	ddress (P.O. Box Number	is Not Acceptable)						
City Milami. State FL ***********************************	Suite, A	pt. #, Etc.				5		32314	#30
Signature of Registered Agent 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 Officer and/or Director Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Press. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157	City	Miami	100				State Zip Cobe	0.00 ** 33157	** 00.00
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer Officer And/or Director Officer Officer Officer Officer Officer Officer Office	8. I, being appointed Signature of Agent	the registered agent of the	of I fal	un	and accept the ob	ligations of section	. 1/1	1	
Officer and/or Directors Officer and/or Director Officer and/or Direc	9. Names and Street	Addresses of Each Officer	and/or Director (Florida no	nprofit corporatio	ns must list at lea	st 3 directors)	9.56.50		
Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Sec. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Vice-Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157	Titles		tors	Officer	and/or Director		Cit	y / State / Zip	
Vice-Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157 Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157	Pres. Raja	ai Y. Suliman	112				-Miami, Flor	rida 331	57
Pres. Rajai Y. Suliman 11273 SW 152 Street Miami, Florida 33157	Sec. Raja	ai Y. Suliman	112	73 SW 152	Street		Miami, Flor	rida 331	57
8000035231480 -02/070101072007	/ice-Pres. Ra	ajai Y. Sulima	n 112	73 SW 152	Street		Miami, Flor	rida 331	57
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	AMBLEY LIFE TO STUDENCE OF MED 2772								KE

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 filling 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 AND HPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-00

(954) 57,9-2912

Date

Daytime Phone #