

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 1:26

DOCUMENT # P98 0000 61171

1. Corporation Name

DIAMOND BANKCARD SERVICES, INC

100003829421--0

-03/03/01--01141--007

****800.00 ****800.00

2. Principal Office Address

4601 PONCE DE LEON

Suite, Apt. #, etc.

310

City & State

CORAL GABLES FL

Zip

33146

Country

DADE

3. Mailing Office Address

4601 PONCE DE LEON

Suite, Apt. #, etc.

310

City & State

CORAL GABLES FL

Zip

33146

Country

DADE

REINSTATEMENT

06-07

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

07/10/1998

5. FEI Number

65-0849761

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

Stephen Wayner

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

4601 PONCE DE LEON BLVD.

Suite, Apt. #: Etc.

310

City

Coral Gables

State
FL

Zip Code

33146

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 2-21-01

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
D	WAYNER, STEPHEN	4601 Ponce De Leon Blvd #310	Coral Gables, FL 33146
P/D	GAMM, RONALD	6520 PLATTAUX #505	WEST HILLS, CA 91307

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald S. GAMM

2-21-01

Date

818-598-1800

Daytime Phone #

CR2E081 (9/00)