


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>00 OCT 20 PM 3:03</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>																									
<b>DOCUMENT #</b> <u>920000934195</u>																													
<b>1. Corporation Name</b> <u>Diamondi Roofing, Inc.</u>																													
<b>2. Principal Office Address</b> <u>591 Ponderosa Rd</u> Suite, Apt. #, etc. <u>591</u> City & State <u>Venice, Florida</u> Zip <u>34293</u> Country <u>US</u>			<b>3. Mailing Office Address</b> <u>591 Ponderosa Rd.</u> Suite, Apt. #, etc. <u>591</u> City & State <u>Venice Florida</u> Zip <u>34293</u> Country <u>US</u>																										
			<b>4. Date Incorporated or Qualified To Do Business in Florida</b>																										
			<b>5. FEI Number</b> <u>65-0475721</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																										
			<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																										
<b>7. Name and Address of Current Registered Agent</b>																													
Name <u>ANTHONY DIAMANDI</u>																													
Street Address (P.O. Box Number is Not Acceptable) <u>591 PONDEROSA ROAD</u>																													
Suite, Apt. #, Etc. _____																													
City <u>VENICE</u> State <u>FL</u> Zip Code <u>34293</u>																													
<b>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.</b>																													
Signature of Registered Agent <u>Anthony Diamandi</u> Date <u>3/16/00</u>																													
REGISTERED AGENT MUST SIGN																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres.</td><td>ANTHONY R. DIAMANDI</td><td>591 PONDEROSA Rd.</td><td>Venice, FL 34293</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	ANTHONY R. DIAMANDI	591 PONDEROSA Rd.	Venice, FL 34293																
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<b>REINSTATEMENT</b> <u>00</u> <u>18</u>																													
<b>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.</b>																													
SIGNATURE: <u>Anthony Diamandi</u> Date <u>3/16/00</u> Daytime Phone # _____																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													