

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 22 PM 6:13

DOCUMENT # P99000000270

1. Corporation Name

THL DIAMOND PRODUCTS, INC.

Principal Place of Business

Mailing Address

437 E. ATLANTIC BLVD.
 #1A
 POMPANO BEACH FL 33060

437 E. ATLANTIC BLVD.
 #1A
 POMPANO BEACH FL 33060



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0886547

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|------------------------|
| 0 | THOMPSON, FRED | 437 E ATLANTIC BLVD STE 1A | POMPANO BEACH FL 33060 |
| | | | |
| | | | |
| | | | |
| | | | |

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 ****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, FREDERICK
 437 E. ATLANTIC BLVD.
 #1A
 POMPANO BEACH FL 33060

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
 SIGNATURE REQUIRED

Date

10/19/01

REGISTERED AGENT MUST SIGN

11. 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]
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/01

954-783-2521

CR2E040 (8/01)

THL Diamond Products, Inc.

292
437 E. Atlantic Blvd. Ste. 1A
Pompano Beach, FL 33060
Phone: (954) 783-1216
Fax: (954) 784-0209

Yes, we never received our
documents for ~~payment~~ till
this was sent. I apologize for
this matter I have a check
for this. Thank you

FRED THOMPSON