

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 18 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014346

1. Corporation Name

KING OF DIAMOND SALES, INC.

Principal Place of Business

Mailing Address

3141 NORTHEAST 11TH AVE.  
POMPANO BEACH FL 33064

3141 NORTHEAST 11TH AVE.  
POMPANO BEACH FL 33064

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1999

5. FEI Number

65-0899060

Applied For

Not Applicable

6.

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
1	PS	PARELL, CHARLES L	3141 NORTHEAST 11TH AVE.	POMPANO BEACH FL 33064		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARELL, CHARLES L  
3141 NORTHEAST 11TH AVE.  
POMPANO BEACH FL 33064

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

SCHAUER  
REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

PRESIDENT  
CHARLES L. PARELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-00 (866)252-3362

102



LS

CR2E040 (8/00)

2052

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October 16, 2000

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Kings of Diamonds, Inc.  
Document #P99-000014346

Dear Sir/Madam:

I am in receipt of your Notice dated September 22, 2000, which states that my corporation has been administratively dissolved for failure to file my Corporation Annual Report.

Please be advised that I am the sole officer(s) and/or director(s) of the corporation, and have never received any prior requests to file an Annual Report.

Enclosed herewith, please find a check in the amount of \$150.00, which represents your timely filing fee for the Annual Report. I am hereby requesting a one-time waiver of the failure to file penalty.

I am now aware that this report is due on or before March 31 each and every year that my corporation is in existence:

Thank you for your cooperation to the above.

Regards,



Charles L. Parell, President