

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000048941**

1. Corporation Name

**DIAMOND BILLIARDS, INC.**

Principal Place of Business

5105 14TH ST. WEST  
BRADENTON FL 34207

Mailing Address

5105 14TH ST. WEST  
BRADENTON FL 34207

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/20/1999**

5. FEI Number

**65-0924860**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELL, JOHN W	5105 14TH ST., WEST	BRADENTON FL 34207
S	FLANIGAN, JENNIFER L	5105 54TH ST WEST	BRADENTON FL 34207
VP	BELL, SANDRA	5105 14TH ST WEST	BRADENTON FL 34207

8. Name and Address of Current Registered Agent

BELL, JOHN W  
5105 14TH ST. WEST  
BRADENTON FL 34207

9. Name and Address of New Registered Agent

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**  
REGISTERED AGENT MUST SIGN

Date **10-11-01**

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

**10/11/01** **752-4737**  
Date Daytime Phone #

CR2E040 (8/01)

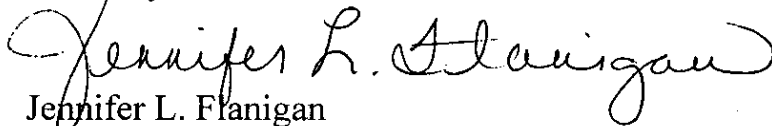
October 11, 2001

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Department of State,

We have received a notice stating that our corporation has been dissolved due to a lack of not filing for reinstatement. This letter is to inform you that we have not received any kind of notice to our need to refile. We have called your office and we were told to send this letter along with a check for \$150.00. We were also told that we were sent two notices but we have never received either one.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer L. Flanigan". The signature is written in dark ink and is positioned above the printed name.

Jennifer L. Flanigan  
Secretary  
Diamond Billiards  
JLF