

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:03

DOCUMENT # P99000061875

1. Corporation Name

R & J DIAMOND CONNECTIONS, INC.

Principal Place of Business

7929 AMBLESIDE WAY  
LAKEWORTH FL 33467-7351

Mailing Address

7929 AMBLESIDE WAY  
LAKEWORTH FL 33467-7351



REINSTATEMENT

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

07/06/1999

5. FEI Number

223665641

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
OWNER	JOHN J. ORLANDO	7929 Ambleside way	LAKEWORTH FL 33467

300003441793--8

-10/27/00--01023--003

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ORLANDO, JOHN  
7929 AMBLESIDE WAY  
LAKEWORTH FL 33467-7351

9. Name and Address of New Registered Agent

Name

JOHN J. ORLANDO

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

7929 Ambleside way

Suite, Apt. #, Etc.

LAKE WORTH

City

LAKE WORTH

State

FL

Zip Code

33467

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

JOHN J. ORLANDO  
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00 (561) 371-4067