

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -9 AM 8:13

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S82420

Diamond Turf Equipment, Inc.
1911 N. W. 32nd Street
Pompano Beach, FL 33064

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

Zip Code

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business in Florida

September 24, 1991

4. FEI Number

65-0297169

FEI Number Applied For

FEI Number Not Applicable

5.

\$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Brian Utley	1911 N. W. 32nd Street	Pompano Beach, FL 33064
VP	David H. Disbrow	1911 N. W. 32nd Street	Pompano Beach, FL 33064
S/T	Michael N. Brandon	1911 N. W. 32nd Street	Pompano Beach, FL 33064
D	Monte Friedkin	7900 Glades Road, #400	Boca Raton, FL 33434
D	Lora Friedkin	7900 Glades Road, #400	Boca Raton, FL 33434

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Monte Friedkin
7900 Glades Road
Suite 400
Boca Raton, FL 33434

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

100002057381-2

-01/14/97-01167-001

****575.00 ****575.00

9. 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

Date 12/3/96

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 12/3/96

Daytime Phone # (954) 984-9111

Typed or printed name of signing officer or director