

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

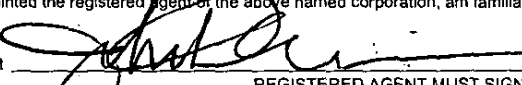
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04/03/03--01041--010 **\$8.75

REINSTATEMENT 98-03

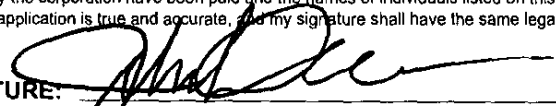
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V59121 1. Corporation Name Diamond Paul Construction, Inc 24951 Old US41 #11 Bonita Springs, FL 34135	
2. Principal Office Address 24951 Oldus 41 Suite, Apt. #, etc. #11 City & State Bonita Springs, FL Zip Country 34135 Lee	3. Mailing Office Address 24951 Old US 41 Suite, Apt. #, etc. #11 City & State Bonita Springs, FL Zip Country 34135 Lee

4. Date Incorporated or Qualified To Do Business in Florida 1992	5. FEI Number 65-0853842	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name John D. Grissom Street Address (P.O. Box Number is Not Acceptable) 25526 Luci Drive Suite, Apt. #, Etc. City Bonita Springs State Zip Code FL 34135	
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 3/10/03 REGISTERED AGENT MUST SIGN	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John D. Grissom	25526 Luci Drive	Bonita Springs, FL 34135
VP	Robert A. Grissom	9209 Spring Run Blvd #2004	Bonita Springs, FL 34135
	Ruth E. Lightner	25526 Luci Drive	Bonita Springs, FL 34135
	Secretary		
	Treasurer		

10. 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	3/10/03 (239) 948-2233 Date Daytime Phone #

CR26081 (10/02)

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