

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC 10 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004470

1. Corporation Name

SHEKINAH'S DIAMOND RESOURCE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

425 CRESCENT DR.
LAKE PARK FL 33403

425 CRESCENT DR.
LAKE PARK FL 33403

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 4857 Northlake Blvd.		Suite, Apt. #, etc. P.O. Box 17023		08/06/1997	
City & State North Palm Beach, FL		City & State West Palm Beach, FL		5. FEI Number	
Zip 33418		Country Palm Beach		31-1577883	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	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 / State / Zip
DP	WILSON, LAFAWN A.R.	425 CRESCENT DR.	LAKE PARK FL 33403
DS	WILSON, MATTIE R	425 CRESCENT DR.	LAKE PARK FL 33403
DT	HALL, SAMANTHA	425 CRESCENT DR.	LAKE PARK FL 33403

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILSON, LAFAWN A.R. 425 CRESCENT DR. LAKE PARK FL 33403		Name SAME Street Address (P.O. Box Number is Not Acceptable) 4898 ANDROS DR Suite, Apt. #, Etc. City West Palm Beach State FL Zip Code 33407	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN
Date: 11/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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)(f), 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]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/30/98
Daytime Phone #: 561-678-5298