


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:41

REINSTATEMENT 08-09 GRM

DOCUMENT # L06000080832 1. Entity Name DIAZ ASPHALT L.L.C.	
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Principal Place of Business 936 SAWGRASS ST. CLEWISTON, FL 33440	Mailing Address 936 SAWGRASS ST. CLEWISTON, FL 33440
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2. Principal Place of Business - No P.O. Box # 404 South Francisco St Suite, Apt. #, etc.	3. Mailing Address 404 South Francisco St Suite, Apt. #, etc.
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City & State Clewiston, FL	City & State Clewiston, FL	Zip 33440	Country US
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02012009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent DIAZ, PEDRO SR. 936 SAWGRASS ST. CLEWISTON, FL 33440	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 404 South Francisco St City Clewiston
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4. FEI Number 41-2200928	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pedro Diaz (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, PEDRO JR. 936 SAWGRASS ST. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, OMAR L 936 SAWGRASS ST. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, PEDRO SR. 936 SAWGRASS ST. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 404 South Francisco street Clewiston, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 404 South Francisco street Clewiston, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 404 South Francisco street Clewiston, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200143808618 02/17/09--01038--017 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Pedro Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____