


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 FEB 27 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 408695

1. Corporation Name

DIAZPUZ ENTERPRISES, Inc.

2. Principal Office Address

2701 NW 26 St.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-72

5. FEI Number

59-14626487

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sylvia Diaz

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

2701 NW 26 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2-14-02

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
PSD	Diaz, Sylvia	2701 NW 26 St Miami FL 33142	Miami FL 33142
VTD	Diaz, Roberto	2701 NW 26 St	Miami FL 33142

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

2-14-02 305-477-3726

Date

Daytime Phone #

CR2081 (9/01)