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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Division of Corporations

L02000033287

03 DEC 29 PM 12:08 — SECRETARY OF STATE — DIVISION OF CORPORATIONS

1. DOCUMENT # L02000033287

Name and Mailing Address

12/4/04

0004918 01 AT 0.292 **AUTO T0 0 0615 33027-514023

DIAZ ENTERPRISE, LLC
1523 SW 161 AVENUE
PEMBROKE PINES FL 33027-5140

REINSTATEMENT 2003

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/12/2002

Principal Place of Business: 1523 SW 161 AVENUE, PEMBROKE PINES FL 33027

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 37-1454423 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

CHOU, PING H
12313 NW 26TH STREET
CORAL SPRINGS FL 33065

954-255-0819

9. Name and Address of New Registered Agent

Name

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

800025813488
12729/03--01050--016 **150.00

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 12/25/2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	EDWIN A DIAZ	SAME AS ABOVE	SAME AS ABOVE
	REINSTATEMENT	2003	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manage SIGNATURE REQUIRED Date 12-10-03 Daytime Phone # 1800-627-6168

Typed or printed name of signing Managing Member/Manager

631948