

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L06754 1. Entity Name DIAZ TOWING, INC.						APPROVED AND FILED NOV 12 AM 10:21 REINSTATEMENT SECRETARY OF STATE FLORIDA			
Principal Place of Business 2110 N MIAMI AVE MIAMI, FL 33127 US				Mailing Address 2110 N MIAMI AVE MIAMI, FL 33127 US					
2. Principal Place of Business 760 NW 21st Suite, Apt. #, etc.				3. Mailing Address 760 NW 21st Suite, Apt. #, etc.				11102004 REIN-P CR2E098 (6/04)	
City & State MIAMI Florida				City & State MIAMI Florida				4. FEI Number 65-0251808	
Zip 33127		Country U.S.A.		Zip 33127		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ JOSE 2900 SW 25th MIAMI, FL 33135						7. Name and Address of New Registered Agent Name Raquel Fernandez Street Address (P.O. Box Number is Not Acceptable) 760 NW 21st City MIAMI FL Zip Code 33127			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, JOSE 134 SW 7TH STREET MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raquel Fernandez 760 NW 21st Miami FL 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, MARTHA J 134 SW 7TH STREET MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042871115 11/18/04--01050--016 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, MAVTA JULIA 2900 SW 2ND ST. MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete					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"/> Delete					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"/> Delete					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"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									
Date						Daytime Phone #			