


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L06754</b> 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.	
City & State MIAMI Florida		City & State Miami Florida	
4. FEI Number 65-0251808		Applied For <input type="checkbox"/> Not Applicable	
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 26th 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: P NAME: DIAZ, JOSE STREET ADDRESS: 134 SW 7TH STREET CITY-ST-ZIP: MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: RAQUEL FERNANDEZ STREET ADDRESS: 760 NW 21st CITY-ST-ZIP: MIAMI FL 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: DIAZ, MARTHA J STREET ADDRESS: 134 SW 7TH STREET CITY-ST-ZIP: MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	500042871115 11/18/04--01050--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DIAZ, MAVTA JULIA STREET ADDRESS: 2900 SW 2ND ST. CITY-ST-ZIP: 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
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Days/Phone # _____	