

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L06754 1. Entity Name DIAZ TOWING, INC.				 FILED OCT 10 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 760 NW 21 ST MIAMI, FL 33127 US		Mailing Address 760 NW 21 ST MIAMI, FL 33127 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0251808	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERNANDEZ, RAGUEL 760 N W 21ST MIAMI, FL 33127				Name <i>MARTHA J. DIAZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>760 NW 21 ST</i> City <i>MIAMI</i> FL Zip Code <i>33127</i>	
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>Martha J. Diaz</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 760 NW 21 ST MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>OT</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, MARTHA J 760 NW 21 ST MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>T. ROBERTO OCT 10 2005</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200060583492 10/13/05--01057--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 report 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>Martha J. Diaz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	