 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2010 HAY 10 PM 4: 22
DOCUMENT # LO8000001626 1. Limited Liability Company's Name DIAZ MANANGEMENT GROW, LIC		SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Office Address - No P.O. Box #	3. Mailing Office Address	300173445213 03/29/1001064019 **143.75 CR2E041 (11/09)
29 Sto MICAH CT	1198 GREEN SKEEP DE	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	OSLEOLA FLOREDA
	UNIT B	5. Date Organized or Qualified To Do Business in Florida 01 /0.7 /08
SAFATCHOUD FZ	City & State ULS FL.	6. FEI Number
2ip Country 34772 OSCEOLA	34741 Country OSCEOLA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of	Current Registered Agent	
Name TOSE R DIAZIR		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) ZOSO MICAH ET		receive the prior notices. By checking this
Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100
SASNT CWUO State Zip Code FL 34772		reinstatement be waived.
9. 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 RESISTENCED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
: Name of Managing Members/ Manage	Street Address of Each	
MOR JOSE 2 DEAZOR	_ 2956 NTCAH CT	St. Clond FL 34772
DEING		201021116713
REINSTATEMENT -08-10 30173445213 05/12/10-01001017 **277.50		
11. E-mail Address:	· · · · · · · · · · · · · · · · · · ·	
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 filling 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 sair. 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/Manager Date 3124110 Daytime Phone 401-927-6049 Typed or printed name of signing Managing Member/Manager		

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