

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY,
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000082219

1. Limited Liability Company's Name

Diaz Holdings-Hillsborough, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1825 Leo Clemons Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1825 Leo Clemons Lane

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33565

Country

USA

Zip

33565

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/28/2008

6. FEI Number

263469078

☐ 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

Name

Jack Diaz, III

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

1825 Leo Clemons Lane

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

E-mail Address:

800235292848

05/18/12--01028--017 *377.50**

ggdiaz@verizon.net

(To be used for future annual report notices)

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**

REGISTERED AGENT MUST SIGN

Date **5/15/12**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Virginia R. Diaz	1825 Leo Clemons Lane	Plant City, FL 33565

REINSTATEMENT

11-12

11. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing
Member/Manager**

Date **5/15/2012**

Daytime Phone # **813-752-6740**

Typed or printed name of signing Managing Member/Manager **Virginia R. Diaz**