

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:00

DOCUMENT # P00000107532

1. Corporation Name

JOHN E. DIAZ ENTERPRISES, INC.

Principal Place of Business

4020 STONEFIELD DR
ORLANDO FL 32826

Mailing Address

4020 STONEFIELD DR
ORLANDO FL 32826

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1255 W. COLUMBIA AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

34741

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2000

5. FEI Number

59-3684089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	JOHN E. DIAZ	4020 STONEFIELD DR. ORLANDO, FL. 32826	ORLANDO, FL. 32826
V.P.	MONIQUE A. DIAZ	4020 STONEFIELD DR. ORLANDO, FL. 32826	ORLANDO, FL. 32826
PRESIDENT			

6000004658236-1
-10/29/01--01106--020
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

DIAZ, JOHN E
4020 STONEFIELD DR
ORLANDO FL 32826

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
JOHN E. DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01 (407) 343-7706

Daytime Phone #

CR2E040 (8/01)