


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 05 FEB 28 PM 2:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P04000018118
1. Corporation Name
JULIO H. DIAZ P.A.

2. Principal Office Address <u>535 SW 84 Ave</u>		3. Mailing Office Address <u>535 SW 84 Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI</u>		City & State <u>MIAMI</u>	
Zip <u>33144</u>	Country <u>USA</u>	Zip <u>33144</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 1/26/04

5. FEI Number <u>450533699</u>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JULIO DIAZ

Street Address (P.O. Box Number is Not Acceptable)
535 SW 84 Ave.

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33144

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1-10-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRS</u>	<u>JULIO DIAZ</u>	<u>535 SW 84 Ave</u>	<u>MIAMI, FL 33144</u>

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03/03/05--01034--002 **150.00

10. 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] Date 1-10-05 (305) 226 6480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)