2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000038194

1. Entity Name
DIAZ FRAMING, INC.

FILED
05 OCT 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10112005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
~~1615 MORIN STREET~~	~~1615 MORIN STREET~~
~~EUSTIS, FL 32726~~	~~EUSTIS, FL 32726~~

2. Principal Place of Business		3. Mailing Address	
607 DORA AVE		607 DORA AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAVARES FL		City & State: TAVARES FL	
Zip: 32778	Country: USA	Zip: 32778	Country: USA

4. FEI Number: 20-0740057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLVERA, RUBEN D	Name
~~1615 MORIN STREET~~	Street Address (P.O. Box Number is Not Acceptable): 607 DORA AVE
~~EUSTIS, FL 32726~~	City: TAVARES FL Zip Code: 32778

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: Ruben DIAZ - O (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 10/11/2005 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 OLVERA, RUBEN OWNER ~~1615 MORIN STREET~~ ~~EUSTIS, FL 32726~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060727140 10/18/05--01079--009 **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
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 JR 10/24
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: Ruben DIAZ O (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 10/11/2005 (Date) 352-551-9958 (Daytime Phone #)