

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000045799 1. Entity Name J&N DIAZ MARKETING INC	
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Principal Place of Business 2973 MARVELLA DR KISSIMMEE, FL 34744 US	Mailing Address 2973 MARVELLA DR KISSIMMEE, FL 34744 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10152008 REIN-P CR2E098 (1/07)

4. FEI Number 20-8844000	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZ, JOSE D 2973 MARVELLA DR KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: *Jose Diaz* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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. RESIGNATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete DIAZ, JOSE D 2973 MARVELLA DR KISSIMMEE, FL 34744	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	000137122520 10/21/08--01015--003 **150.00
TITLE VP	<input checked="" type="checkbox"/> Delete DIAZ, NANCY 2973 MARVELLA DR KISSIMMEE, FL 34744	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete (Handwritten: <i>Per Jose Diaz please keep VP as an officer</i>)	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT 2008
TITLE VP	<input type="checkbox"/> Delete (Handwritten: <i>10/21/08 @ 2:00 pm</i>)	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	(Handwritten signature)
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jose Diaz* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 10/15/08 Daytime Phone # _____