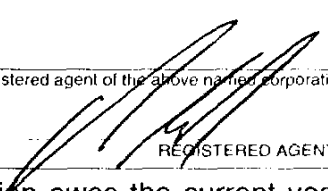
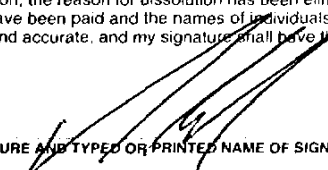


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000051483		99 JAN 25 AM 11:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400002766884---3 -02/08/99--01012--019 ***1050.00 ***1050.00	
1. Corporation Name NELSON DIEZ & ASSOCIATES, INC.			
Principal Place of Business 4160 N. ARMENIA AVE. SUITE C TAMPA, FL. 33607		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		4. Date Incorporated or Qualified To Do Business in Florida 6/96	
		5. FEI Number 59-3390458	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	NELSON DIEZ	5016 N. SUWANEE AVE	TAMPA / FL. / 33603
VP	" "	" "	" "
SEC.	SHERY DIEZ	" "	" "
		REINSTATEMENT 98-99	
		TD 1/26/99	
8. Name and Address of Current Registered Agent NELSON DIEZ		9. Name and Address of New Registered Agent Name NELSON DIEZ Street Address (P.O. Box Number is Not Acceptable) 5016 N. SUWANEE AVE. Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33603	
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  REGISTERED AGENT MUST SIGN Date 1-20-99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax)			
12. 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: 		NELSON DIEZ PRES 1-20-99 813-348-9250 Date Daytime Phone #	