

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 MAY 19 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P.98 0000 79240

1. Corporation Name

DIAZ & SONS ENTERPRISES INC

2. Principal Office Address

3. Mailing Office Address

1583 ENSENADA DR SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL SAME

Zip

Country

Zip

Country

32825 ORANGE 32825 ORANGE

**REINSTATEMENT**

9900

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

593529945

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Orlando Diaz Jr

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

1583 ENSENADA DR

Suite, Apt. #, Etc.

600003291278--2

-06/15/00--01064--020

\*\*\*\*908.75 \*\*\*\*908.75

City

Orlando

State  
FL

Zip Code

32825

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 05-10-00

**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
President	Orlando Diaz Jr	1583 ENSENADA DR	Orlando FL 32825
Vice President	Ada E. Diaz	1583 ENSENADA DR	Orlando FL 32825
Secretary	Orlando Felix Diaz	1583 ENSENADA DR	Orlando FL 32825
Director	Anais C. Diaz	1583 ENSENADA DR	Orlando FL 32825
			LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* Director/President

Date 05-10-2000

Daytime Phone # 407-766-7708

CR2E081 (9/99)