

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P99000093233

1. Entity Name
DIAZ RINCON INSURANCE GROUP, INC.



FILED

2007 AUG 13 AM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072007 REIN-P CR2E098 (1/07)

Principal Place of Business
1088 E. ALTAMONTE DR.
STE 102
ALTAMONTE SPRINGS, FL 32701

Mailing Address

1088 E. ALTAMONTE DR.
STE 102
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business - No P.O. Box #,
1837 WINGFIELD DRIVE

Suite, Apt. #, etc.

3. Mailing Address
1837 Wingfield Drive

Suite, Apt. #, etc.

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

Zip

32779

Country

U.S.A.

Zip

32779

Country

U.S.A.

4. FEI Number

59-3601803

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MARIO
1837 WINGFIELD DR
LONGWOOD, FL 32779

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

Mario Diaz Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/07

FILE NOW!!! FEE IS \$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, MARIO	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	V DIAZ, AMELIA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800108375918 08/21/07--01028--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<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: *Mario Diaz* Mario Diaz 8/8/07 407-682-7426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/15