

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



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

2. Principal Place of Business - No P.O. Box #, Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.
1837 WINGFIELD DRIVE 1837 WINGFIELD DRIVE

City & State City & State
LONGWOOD, FL LONGWOOD, FL
Zip Country Zip Country
32779 U.S.A. 32779 U.S.A.

08072007 REIN-P CR2E098 (1/07)

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 MARIO DIAZ 8/8/07
Signature, typed or printed name of registered agent and by applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, MARIO	
STREET ADDRESS	1837 WINGFIELD DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, AMELIA	
STREET ADDRESS	1837 WINGFIELD DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
ED