

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # *P99 0000 93233*

1. Corporation Name

DIAZ RINCON INSURANCE GROUP, INC.

2. Principal Office Address

1088 E. ATLANTIC DR.

Suite, Apt. #, etc.

STE 102

City & State

ATLANTIC SPRINGS, FL.

Zip

32701

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1999

5. FEI Number

57.360 1803

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

MARIO DIAZ

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

1837 WINDFIELD DR.

Suite, Apt. #, Etc.

City

CONCORD

State

FL

Zip Code

32779

MRS

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/20/2003*

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 |
|-------------|--------------------------------------|---------------------------------------------------|--------------------------|
| <i>MRS.</i> | <i>MARIO DIAZ</i> | <i>1837 WINDFIELD DR.</i> | <i>CONCORD, FL 32779</i> |
| <i>VICE</i> | <i>AMELIA DIAZ</i> | <i>1837 WINDFIELD DR.</i> | <i>CONCORD, FL 32779</i> |
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

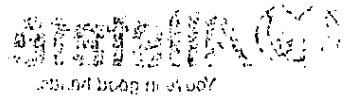
MARIO DIAZ

Date

10/20/03 407-830-0401

Daytime Phone #

CR2E081 (10/02)



Diaz Rincon Insurance Group, Inc.
1088 E. Altamonte Dr.
Altamonte Springs, FL 32701

October 9, 2003

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref. Document # P99000093233

Dear Sirs:

We sent our Uniform Business Report with the check in the amount of \$150.00 payable to Florida Department of State. Today we received the administrative dissolution, and immediately we called to your office. Your representative explained to us that you have not record of receiving our report, however, we did not receive the report returned by the post office.

According to your instructions, and in lieu of the previous report, we are sending the report with the mailing address to substitute our previous annual report that apparently was lost in the mail.

I respectfully request the consideration of filing my UBR on time since we never received the returned mail. We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,

Mario Diaz, President and Resident Agent