

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000120299**

1. Corporation Name

VAL OLIVA, INC.

Principal Place of Business

**2401 PGA BOULEVARD
SUITE 196
PALM BEACH GARDENS FL 33410**

Mailing Address

**2401 PGA BOULEVARD
SUITE 196
PALM BEACH GARDENS FL 33410**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2601 VILLAGE BLVD #402
City & State
WEST PALM BEACH, FL
Zip
33409 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2601 VILLAGE BLVD #402
City & State
WEST PALM BEACH, FL
Zip
33409 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2002

5. FEI Number

14-1852920

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OLIVA, VALERIE	2401 PGA BOULEVARD #196	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

**OLIVA, VALERIE
2401 PGA BOULEVARD
SUITE 196
PALM BEACH GARDENS FL 33410**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

Valerie Oliva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-03 561) 762-7702

Daytime Phone #

FILED

03 OCT 28 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



200024198752
10/28/03--01035--015 **150.00

CR2E040 (7/03)

Illustrated Properties

Real Estate, Inc.

10-22-03

To Whom it may Concern:

I just filed for a new Corporation last year
& never received the Annual Report Form.
Could you please waive the Reimbursement Fee
of \$600?

Thank you.

Val Oliva
VAL OLIVA INC

P.S. Enclosed is \$150 -