PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG -4 AM 9:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

400022036324
08/04/03--01081--003 **2244.50

DOCUMENT # 268405

1. Corporation Name
Robert-Val. Inc.

2. Principal Office Address	3. Mailing Office Address
1906 West Platt St.	1906 West Platt St.
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33606 / Country USA	Zip 33606 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/27/1963

5. FEI Number ☑ 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: Robert E. Valdez
Street Address (P.O. Box Number Is Not Acceptable): 1906 West Platt St.
Suite, Apt. #, Etc.: NA
City: Tampa | State: FL | Zip Code: 33606

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: Robert E Valdez
REGISTERED AGENT MUST SIGN

Date: 07/31/2003

CR2E081 (10/02)

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
Pres.	Robert E. Valdez Sr.	1906 W. Platt St.	Tampa Fl. 33606
V-Pres.	Yvonne Valdez	1906 W. Platt St.	Tampa, Fl.33606
Tres.	Robert E. Valdez Jr.	1906 W. Platt St.	Tampa, Fl. 33606
Sec.	Nicole Valdez	1906 W. Platt St.	Tampa, Fl. 33606

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: Robert E Valdez — Robert E. Valdez — 07/31/2003 — 813 258-0505x205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

R E Valdez

Division of Corporations 07/31/2003
Ref: Reinstatement Application

To whom it may concern,

Enclosed is the application and fee for reinstatement for Robert-Val Inc. that I am trying to reinstate that belonged to my parents back in 1963.

To the best of my knowledge they did not receive their annual report in 1967or 1968.

I am enclosing the Fee that I was quoted on 7/31/2003 to me of $2,244.50 to reinstate this corporation.

Thank you,

Robert E. Valdez Sr.

PH. 813 258-0505 X 205