

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

DOCUMENT # 268405

1. Corporation Name

Robert-Val. Inc.

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

2. Principal Office Address

1906 West Platt St.

3. Mailing Office Address

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Valdez

07/31/2003 813 258-0505x205

Date

Daytime Phone #

CR2E081 (10/02)

RE Valdez

Division of Corporations
Ref: Reinstatement Application

07/31/2003

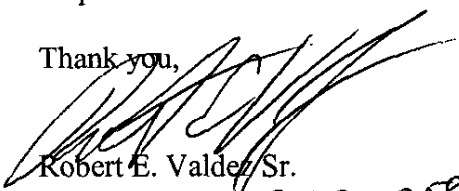
To whom it may concern,

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 1967 or 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.

P.H. 813 258-0805 X 205