

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65043

1. Corporation Name

P.R.V. MAINTENANCE, INC.

Principal Place of Business

Mailing Address

5421 45TH ST
WEST PALM BEACH FL 33407
US

501 S FLAGLER DR
305
WEST PALM BCH FL 33401
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1990

5. FEI Number

65-0188457

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	VALDES, PEDRO R.	5421 45TH STREET	WEST PALM BEACH FL
D/P	LUNA-VALDES, MARIA T	5421 45TH STREET	WEST PALM BEACH FL

600003469556--3
-11/20/00--01013--012
****150.00 ****150.00

10/11/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOSTER, JOHN FENN
501 S FLAGLER DR
305
WEST PALM BCH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Date

10/30/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Date

Daytime Phone #

Maria T. Luna-Valdes 10/24/00 (561) 615-3229

CR2E04D (8/00)

6

FOSTER & HEFFLING

ATTORNEYS AT LAW

501 SOUTH FLAGLER DRIVE
FLAGLER CENTER SUITE 305
WEST PALM BEACH, FLORIDA 33401

JOHN FENN FOSTER, P.A.
JOHN D. HEFFLING, P.A.
LANCE C. FUCHS

TELEPHONE (561) 832-5070
FACSIMILE (561) 832-9060

ROBERT McK. FOSTER (1922-1998)
ROBERT M. FOSTER (1893-1958)

E-MAIL: Lfuchs@ffhlaw.net

October 30, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

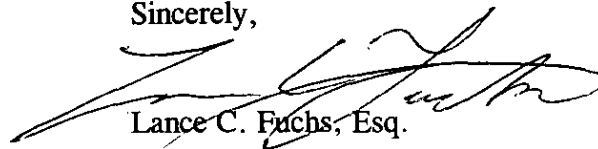
Re: Application for Reinstatement #L65043

To Whom It May Concern:

Enclosed please find the Application for Reinstatement for P.R.V. Maintenance, Inc.
as well as the required filing fee for the corporation.

Per my discussion with one of your reinstatement specialists, our firm routinely coordinates for clients the filing of their annual reports. In this particular case we did not receive the form, although your office does have the proper mailing address on file. We requested an application for reinstatement, which we have filled out and now file it with your department. In my discussion with your specialist, I was instructed to write this letter and request that the reinstatement fee be waived given the above circumstances. Should you require any additional information, please do not hesitate to contact this office. Thank you in advance.

Sincerely,



Lance C. Fuchs, Esq.

Enclosures