

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUL 12 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

VALLE MASONRY, INC.

100000092546

500006444145--9  
-07/16/02--01034--017  
\*\*\*\*350.00 \*\*\*\*350.00

**REINSTATEMENT** 01-02

2. Principal Office Address

291 FICUS TREE DRIVE

Suite, Apt. #, etc.

City & State

LANTANA, FLORIDA

Zip

33462

Country

U.S.A.

3. Mailing Office Address

291 FICUS TREE DRIVE

Suite, Apt. #, etc.

City & State

LANTANA, FLORIDA

Zip

33462

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/2000

5. - FEI Number

65-1050122

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

FEDERICO VALLE

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

291 FICUS TREE DRIVE

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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

Federico Valle

Date

5/20/02

REGISTERED AGENT MUST SIGN

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
DPT	VALLE, FEDERICO	291 FICUS TREE DRIVE	LANTANA, FL 33462
DVS	VALLE, ISIDRO	291 FICUS TREE DRIVE	LANTANA, FL 33462

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:

FEDERICO VALE, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02 (561) 2485574

Date

Daytime Phone #

js 7/12/02