

H08000185171

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 31 PM 12:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000098485

1. Corporation Name

EGDV CONSULTANTS INC.

2. Principal Office Address - No P.O. Box #

12221 SW 101 CT.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA.

Zip

Country

REINSTATEMENT 01-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-19-00

5. FEI Number

65-1048635

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

Eduardo G. Del Valle

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

12221 SW 101 CT.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Eduardo G. Del Valle

Date

7/31/08

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
DP	Eduardo G. Del Valle	12221 SW 101 CT.	Miami, FL 33176
DS	Margarita G. Del Valle	12221 SW 101 CT.	Miami, FL 33176
DT	Margarita M. Cooper	12221 SW 101 CT	Miami, FL 33176

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 contained in Chapter 119, 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:

Eduardo G. Del Valle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08.

Date

Daytime Phone #

H08000185171

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (350) 617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

EGDV CONSULTANTS INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,800.00

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