

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED  
AND  
FILED

05 APR 18 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000100380

**1. Corporation Name**

DEL VALLE DRYWALL, INC.

**2. Principal Office Address**

3613 NW 63 CT

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FLORIDA

Zip

33073

Country

USA

**3. Mailing Office Address**

3613 NW 63 CT

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FLORIDA

Zip

33073

Country

USA

REINSTATEMENT

01-05  
MRD

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/25/2000

**5. FEI Number**

05-1053901

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

HERNANDEZ, OSCAR

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

3613 NW 63 CT

Suite, Apt. #, Etc.

City

COCONUT CREEK, FL

State

FL

Zip Code

33073

**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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 04-15-2005

**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
P	HERNANDEZ, OSCAR	3613 NW 63 CT	COCONUT CREEK, FL 33073
S	DIAZ, GLORIA	3613 NW 63 CT	COCONUT CREEK, FL 33073

**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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-2005

Date

Daytime Phone #

CR2E081 (01/05)

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

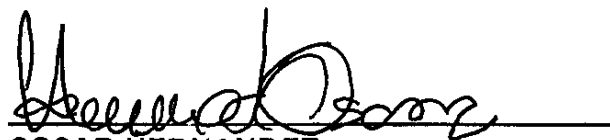
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2001 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read "Oscar Hernandez", is written over a horizontal line.

OSCAR HERNANDEZ  
PRESIDENT