## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **CORPORATION** REINSTATEMENT

2, 1

33618

**DOCUMENT # P01000055203** 

US



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED 04 JUL -8 PH 3: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name CARVAL HOMES, INC.

		XX
2. Principal Office Address 13516 WESTSHIRE	3. Mailing Office Address 13516 WESTSHIRE	

ALINSTATEMENT 02-

Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number TAMPA, FL TAMPA, FL Zip Country Zip Country 33618

US

\$8.75 Additional Fee required for a Certificate of Status

_	7. Name and Address of Current R	egistered Agent	
	Name CARLOS VALIENTE	200020042222	1
	Street Address (P.O. Box Number is Not Acceptable) 14914 EVERSHINE STREET	<del></del>	00
	Suite, Apt. #, Etc.		
	City	State Zip Code	-

TAMPA

FL | 33624

8. I, being appointed the registered agent of the abo ned corporation am familiat with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Р **CARLOS VALIENTE** 14914 EVERSHINE STREET **TAMPA, FL 33624** 

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 filling 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

813-264-9569

Daytime Phone #

CRZE081 (01/04)

arval - Homes, INC

I have moved to 14914 Evershine St.

Tampe, FL 33624. Therefore, I weren

received the Notice for the year

2002.

Thank 100; Coulor Valueto