PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -8 AM 11:16

DOCUMENT # P02000068594

1. Corporation Name

ALVA INSTALLER INC.

2. Principal Office Address	3. Mailing Office Address
2406 PIEDMONT LAKES BLV	2406 PIEDMONT LAKES BLV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL.	City & State: APOPKA FL.
Zip: 32703 Country: USA	Zip: 32703 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida: 6/19/02

5. FEI Number: 043686331 ☐ 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: ALFREDO ALVA

Street Address (P.O. Box Number is Not Acceptable): 2406 PIEDMONT LAKES BLV

SU000305787 95
03/16/04--01098--024 **30.00

Suite, Apt. #, Etc.

City: APOPKA State: FL Zip Code: 32703

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: ALFREDO ALVA Date: 3-8-04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	ALFREDO ALVA	2406 PIEDMONT LAKES BLV	APOPKA FL 32703

10. I certify that I am an officer or director or he 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: ALFREDO ALVA ALFREDO ALVA 3/08/04 (407)4054844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Po 2000068594 3/8/04

To whom it may concern.

I Alfredo Alva President of

Alva Installer Inc. was just

Informed by Florida Exteriors

that my corporation is inactive.

I never Receive any Documentation

Informing my corporation Being

Dissolved.

Sincerely yours

Alfredo Alva

Alva Installer Inc.