

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -3 PM 3:17

DOCUMENT # **P03000050282**

1. Corporation Name

SEALS WATERPROOFING, INC.

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

3000 OLD CANOE CREEK RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAINT CLOUD, FL

Zip

Country

34772

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05-06-2003

5. FEI Number

050568597

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

VALDEARRAMA PARTNERS LLC

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

1870 PROVIDENCE BLVD.

Suite, Apt. #, Etc.

SUITE K

City

DELTONA

State

FL

Zip Code

32725

☒ 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.

300137582783
11703/08-01075-003 **750.00

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

[Signature]

Date **10-28-08**

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
P	PEDRO MUNIZ	3000 OLD CANOE CREEK RD.	SAINT CLOUD, FL 34772
VP	MARISOL MEJIAS	3000 OLD CANOE CREEK RD.	SAINT CLOUD, FL 34772
S	CARLOS M. DEJESUS	2905 WILLOW OAK CT.	KISSIMEE, FL 34744
T	CARLOS JAVIER DE JESUS	8665 FORT SHERA AVE.	ORLANDO, FL 32822

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

10-28-08 407-383-9915