

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD3000147135**

1. Corporation Name

V.V. SANCHEZ CARPENTRY & FRAMING, INC.

2. Principal Office Address

258 CITRUS BLVD

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

33852

Country

HIGHLANDS

3. Mailing Office Address

P.O. BOX 2109

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

33852

Country

HIGHLANDS

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

12/05/03

5. FEI Number

74-3107881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200060455772
10/10/05--01070--013 **300.00

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
FONSECA, NORA

Direct Address (P.O. Box Number is Not Acceptable)
258 CITRUS BLVD

Suite, Apt. #, Etc.

City
LAKE PLACID

State
FL

Zip Code
33852

200060455772
10/10/05--01070--014 **8.75

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

Nora E. Fonseca

REGISTERED AGENT MUST SIGN

Date

October 6, 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
PVP	VIDAL SANCHEZ-VILLEDA	258 CITRUS BLVD	LAKE PLACID, FL
			33852

REINSTATEMENT 04-05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2005 (863) 441-0579

Date

Daytime Phone #

V.V. SANCHEZ CARPENTRY and FRAMING, INC

***258 Citrus Boulevard
Lake Placid, Florida 33852
Tel. (863) 441-0579***

October 6, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

Enclosed please find the corporation reinstatement request executed by me. In addition I would like to inform you that the reason why I missed completing the annual report is because I did not receive the renewal form. I hereby request that the above referenced corporation be reinstate at your earliest convenience.

I am also enclosing my check # 1209 in the amount of \$300.00 as instructed.

If you need any additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vidal Sanchez-Villeda', written over a circular stamp or seal.

Vidal Sanchez-Villeda
President