

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000010240

1. Corporation Name

Orovalles Investment, Inc

100074537711  
05/15/06--01004--004 \*\*300.00

REINSTATEMENT  
CR2E081 (12/05)

05-06

2. Principal Office Address

9521 S.W. 103 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-12-04

5. FEI Number

20-0607827

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

Eduardo A. Guernica, CPA

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

7200 N.W. 19 St.

Suite, Apt. #, Etc.

#301

City

Miami

State

FL

Zip Code

33126

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]  
REGISTERED AGENT MUST SIGN

Date 4/28/06

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
PO	Sam Verdeja	9521 S.W. 103 St	Miami, FL 33176
	JRS/19		

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] SAM VERDEJA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06  
Date

305-306-9872  
Daytime Phone #