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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000144216

1. Corporation Name

VILICANA CONSTRUCTION, INC.

2. Principal Office Address

4030 SWINDEL

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip
33565

Country

PASCO

3. Mailing Office Address

4030 SWINDEL

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip
33565

Country

PASCO

FILED
06 MAY 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 19, 2004

5. FFL Number

20-1764857

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

CONSULT ONE, LLC

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

8950 DR. MLK, JR. ST. NORTH

Suite, Apt. #, Etc.

SUITE 130

City

ST. PETERSBURG

State

FL

Zip Code

33702

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

Claudia Villicana

Date

5-22-06

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
PD	REFUGIO VILICANA	4030 SWINDEL	PLANT CITY, FL 33565
VP	CLAUDIA I. VILICANA	4030 SWINDEL	PLANT CITY, FL 33565
	<i>[Signature]</i>		

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:

Claudia Villicana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-22-06 (813) 488-5974

Daytime Phone #

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April 18, 2006

To Whom It May Concern:

I, Claudia I. Villicana, am writing to request reinstatement and wavier of penalty fees of my corporation, Villicana Construction, Inc. as I never received any notices or correspondence regarding my corporation.

Attached you will find my application for reinstatement. I am enclosing a check for \$300.00 to cover the Annual Report Fees of \$150.00 for 2005 and \$150.00 for 2006.

I humbly request that the State of Florida reinstate Villicana Construction, Inc. and waive the penalty Fees for 2004.

Sincerely,

Claudia I. Villicana

Claudia Villicana