

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063340

1. Corporation Name

ILLUSSIONS ROSVAL, INC.

Principal Place of Business

Mailing Address

6187 N.W. 167TH

6187 N.W. 167TH ST

H-27

H-27

MIAMI FL 33015

MIAMI FL 33015

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1995

5. FEI Number

65-0603765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VALDEZ, OSMAN A Please see attachment	332 WEST 23 AVENUE	HIALEAH FL 33016
TD	VALDES, LUZ Please see Attachment	6187 N.W. 167TH ST., H-27	MIAMI FL
			500004677955--4 -11/14/01--01014--026 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDEZ, OSMAN R
5332 W 23 AVE
HIALEAH FL 33016

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-23-01

11. 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:

Osman R. Valdez 10-23-01 (305) 698-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

ILLUSSIONS ROSVAL, INC.

6157 NW 167 St. F8, Miami, FL 33015

Phone: (305) 698-4000

Fax: (305) 698-4009

ATTACHMENT

Principal Place of Bussines

Mailing Address

6157 NW 167 St. F-8
Miami, FL. 33015

6157 NW 167 St. F-8
Miami, FL. 33015

Title	Name	Street Address	City/ State/ Zip
PD	OSMAN R. VALDEZ	15792 SW 20th. St.	MIRAMAR, FL 33027
TD	LUZ A. VALDEZ	15792 SW 20th. St.	MIRAMAR, FL 33027

Name and Address of Current Registered Agent

VALDEZ, OSMAN R.
15792 SW 20th St.
MIRAMAR, FL. 33027