

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 19 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022336

1. Corporation Name

VILLA ROMERO FRAMING, INC.

2. Principal Office Address

128 Toscanooga Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 35

Suite, Apt. #, etc.

City & State

Mascotte FL

City & State

Groveland FL

Zip
34753

Country
USA

Zip
34736

Country
USA

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

03/06/97

5. FEI Number

59-3433252

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

Esteban Villanueva

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

128 Toscanooga Rd.

Suite, Apt. #, Etc.

City

Mascotte

State
FL

Zip Code
34753

100005978971-8
-06/25/02--01071--003
****900.00 ****900.00

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**

REGISTERED AGENT-MUST SIGN

Date 6-6-02

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
D	Esteban Villanueva	128 Toscanooga Rd	Mascotte, FL 34753

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

6-6-02

Date

352-267-4118

Daytime Phone #

CR2E081 (9/01)