

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -4 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000041336**

1. Corporation Name

VALDES BUILDERS INC.

2. Principal Office Address

8011 W. Powhatan Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33615

Country

Hillsborough

3. Mailing Office Address

8011 W. Powhatan Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33615

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5/97

5. FEI Number

59-3446446

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

Katherine Valdes

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

8011 W. Powhatan Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

Katherine Valdes
REGISTERED AGENT MUST SIGN

Date

5/1/01

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
President	Orlando Valdes	8011 W. Powhatan Ave.	Tampa, Florida, 33615
1st Vice President	Katherine Valdes	8011 W. Powhatan Ave.	Tampa, Florida, 33615

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)(f), 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:

Katherine Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/01

Daytime Phone #

813 882-9523