

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072663

1. Corporation Name

D.V. Property Management, Inc.

400013268484

2/28/03--01038--017 **900.00

2. Principal Office Address

8004 NW 154th ST

3. Mailing Office Address

8004 NW 154th ST.

Suite, Apt. #, etc.

SUITE 193

Suite, Apt. #, etc.

SUITE #193

City & State

MIAMI LAKES, FL

City & State

MIAMI Lks, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

9/96

5. FEI Number

65-0906926

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

JOSE D. Del Valle

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

8004 N.W. 154th ST

Suite, Apt. #, Etc.

SUITE 193

City

MIAMI LAKES

State
FL

Zip Code

33016

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 2-4-03

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
PRES	JOSE D. DEL VALLE	8004 NW 154 th ST #193	MIAMI LKS, FL 33016
V.P.	WANDA DEL VALLE	8004 NW 154 th ST #193	MIAMI LKS, FL 33016

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

2-4-03

Date

2868863296

Daytime Phone #

CR2E081 (9/01)