

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020038

1. Corporation Name

WALL CREATION, INC.

Principal Place of Business

9672 SW 138TH AVE  
MIAMI FL 33186  
US

Mailing Address

9672 SW 138TH AVE  
MIAMI FL 33186  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1999

5. FEI Number

65-0915419

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)

Title(s)

2 Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PD

ESCOBAR, MARCO

9672 SW 138TH AVE

MIAMI FL 33186

TD

ESCOBAR, CLAUDIA

9672 S.W. 138TH AVE.

MIAMI FL 33186

800012463568

02/13/03 01051 011 \*\*300.00

8. Name and Address of Current Registered Agent

ESCOBAR, MARCO  
9672 SW 138TH AVE  
MIAMI FL 33186

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Registered Agent*  
REGISTERED AGENT MUST SIGN

Date

2-7-03

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:

*Signature of Signing Officer or Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 385-1297

CR2040 (8/02)

**Wall Creation, Inc.**

9672 S.W. 138th Ave  
Miami FL 33186

Phone (305) 385-1297  
Fax (305) 385-3916

February 10, 2003

To whom concern:

We did not receive last year report maybe it got confused in the mail since we change from the P.O. Box to the physical address and we encountered some problems with our mail, I will ask to the Division of Corporation if you can waive the fine for \$600.00, we will deeply appreciated and please apologize for all the confusion. We are enclosing the fees for last year and this year.

Sincerely, Wall Creation, Inc.

*Claudia Escobar*  
Treasurer