

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 SEP 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026224

1. Corporation Name

SECURALVA INTERNATIONAL, INC.

Principal Place of Business

2805 W. 76TH STREET  
APT. 103  
HIALEAH FL 33018

Mailing Address

2805 W. 76TH STREET  
APT. 103  
HIALEAH FL 33018

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1999

Suite, Apt. #, etc.

7693 West 29 Lane

Suite, Apt. #, etc.

Same

City & State

# 201 Hialeah, FL

City & State

Zip

33018 Hialeah

Zip

Country

5. FEI Number

65-0902813

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALVARADO, JUAN C	2805 W. 76TH STREET #103	HIALEAH FL 33018

600008149586--7  
-10/02/02--01015--026  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

ALVARDO, JUAN A  
2805 W. 76TH STREET  
APT. 103  
HIALEAH FL 33018

9. Name and Address of New Registered Agent

Name Alvarado, Juan A  
Street Address (P.O. Box Number is Not Acceptable)  
7693 West 29 Lane #201  
Suite, Apt. #, Etc.  
Hialeah, FL  
City Hialeah  
State FL Zip Code 33018

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 09/25/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/02 (305) 821-3405  
Date Daytime Phone #

CR2E040 (8/00)