

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000038233

1. Corporation Name

O.V. CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

2740 NW 4 TERRACE
MIAMI FL 33125

2740 NW 4 TERRACE
MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1999

5. FEI Number

65-0913980

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
D	VILLEDA, OSCAR	2740 NW 4 TERRACE	MIAMI FL 33125
P	Villeda, Oscar	2740 NW 4 Terrace	Miami, FL 33125
V	Eve D. Villeda	2740 NW 4 Terrace	Miami, FL 33125
			300005194183--6 -04/05/02--01008--019 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VILLEDA, OSCAR~~
~~2740 NW 4 TERRACE~~
~~MIAMI FL 33125~~

Name

EVE D. Villeda

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

2740 N.W 4 Terrace

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33125

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

Oscar Villeda

REGISTERED AGENT MUST SIGN

Date

02-14-2002

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:

Oscar Villeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-14-02 (305) 649-0259

CR2040 (8/01)