

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 17 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000038807**

1. Corporation Name

ENVIOS DEL VALLE INC.

800036519428
05/17/04--01068--005 **450.00

800036519428
05/17/04--01068--006 **450.00

2. Principal Office Address

1796 S. Myrtle Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1126 S. Myrtle Ave.

Suite, Apt. #, etc.

City & State

Clearwater FL 33756

Zip

33756

Country

USA

City & State

Clearwater FL

Zip

33756

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/99

5. FEI Number

593581066

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

VIRGINIO PALOMA PALMER.

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

1315 Ridge Ave. Clearwater FL

Suite, Apt. #, Etc.

City

Clearwater FL

State

FL

Zip Code

33755

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

Virginio Paloma.

REGISTERED AGENT MUST SIGN

Date **05-12-04**

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
P.D.	Virginio Paloma.	1315 Ridge Ave. Clearwater FL	FLORIDA 33755
3.D.	Nicolas Paloma	1315 Ridge Ave	Clearwater FL 33755
T.D.	German Paloma.	1315 Ridge Ave.	Clearwater FL 33755
V.D.	Nicolas paloma.	1315 Ridge Ave.	Clearwater FL 33755

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:

VIRGINIO PALOMA (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-12-04

Date

777-235-4171

Daytime Phone #

CR2E081 (01/04)