

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000061986**

1. Corporation Name

M.G-B HIJOS DEL VALLE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1401 PONCE DE LEON BLVD.
SUITE 1401
CORAL GABLES FL 33134

1401 PONCE DE LEON BLVD.
SUITE 1401
CORAL GABLES FL 33134

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

07/13/1999

SP

5. FEI Number

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
Pres.	Sandra Mortera Gomez-Barris	505 Fairway Dr.	Miami Beach, FL 33141

400003953424--9
-04/03/01--01066--028
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

CONTRERAS, GILBERT
1401 PONCE DE LEON BLVD.
SUITE 1401
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Gilbert Contreras
Street Address (P.O. Box Number is Not Acceptable)
1025 Fairway Drive
Suite, Apt. #, Etc.
City Miami Beach State FL Zip Code 33141

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

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

Date

Daytime Phone #

Sandra Mortera Gomez-Barris, President, M.G.B. Hijos Del Valle