10 pg

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06000051465

FILED
06 DEC -8 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12530

1. Corporation Name
SANDOVAL STRUCTURES Corp.

2. Principal Office Address	3. Mailing Office Address
5051 ELMHURST Rd.	5051 ELMHURST Rd
Suite, Apt. #, etc.: APART. #6	Suite, Apt. #, etc.: APART. #6
City & State: WEST. PALM BEACH	City & State: WEST. PALM BEACH
Zip: 33417 Country:	Zip: 33417 Country:

11-27-06 01045 013 #2,123.75
REINSTATEMENT
(REQUESTED DOCUMENT EFFECTIVE DATE MM/DD/YYYY)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0313182 ☐ 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: FELIPE SANDOVAL
Street Address (P.O. Box Number is Not Acceptable): 5051 ELMHURST Rd.
Suite, Apt. #, Etc.: APART. #6
City: WEST PALM BEACH State: FL Zip Code: 33417

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: Felipe Sandoval
REGISTERED AGENT MUST SIGN
Date: 12/06/06

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	FELIPE SANDOVAL	5051 ELMHURST Rd.	W. PALM BEACH FL 33417

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 contained in Chapter 119, 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: Felipe Sandoval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/06/06
Daytime Phone #

B. Mitchell DEC

December 6 2006

Dear Mr. or Mrs.

Attached please find a reinstatement form and a check for Two Thousand One Hundred Twenty Three Dollars and Seventy Five Cents (2,123.75), for the reinstatement of Sandoval Structures Corp. and for the Certificate of Status.

I take the opportunity to ask you to wave the penalties, because since 1993 I never received any notice of the Annual report or a notice of dissolution of the above Corporation. I never knew that I have pay any dues after the corporation was filled in 1992.

I really appreciate your cooperation in this matter.

Sincerely,

Felipe Sandoval
P/D