

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W06000051465

FILED

06 DEC -8 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12530**

1. Corporation Name

SANDOVAL STRUCTURES CORP.

2. Principal Office Address

5051 ELMHURST RD.

Suite, Apt. #, etc.

APT. # 6

City & State

WEST PALM BEACH

Zip

33417

Country

3. Mailing Office Address

5051 ELMHURST RD.

Suite, Apt. #, etc.

APT. # 6

City & State

WEST PALM BEACH

Zip

33417

Country

11-27-06 01045 013 \$2,123.75
REINSTATEMENT
1994-2006

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.

APT. # 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe Sandoval

Date

12/06/06

Daytime Phone #

2 of 2

December 6 2006

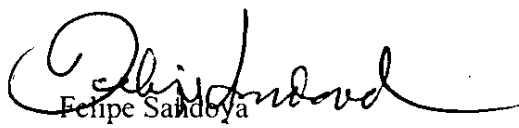
Dear Mr. or Mrs.

✓ 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,

A handwritten signature in cursive script, appearing to read 'Felipe Sandoval', written in black ink.

Felipe Sandoval

P/D