

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 25 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 323121

1. Corporation Name

VALLEDOR CO.

2. Principal Office Address
1450 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Office Address
1450 CORAL WAY

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip 33145 **Country** USA

City & State
MIAMI FLORIDA

Zip 33145 **Country** USA

700042166397
10/25/04--01089--1050.00
REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida 1968

5. FEI Number
59-1197227

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
ROBERT L. VALLEDOR

Street Address (P.O. Box Number is Not Acceptable)
1450 CORAL WAY

Suite, Apt. #, Etc.

City
MIAMI

State FL **Zip Code** 33145-2856

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

REGISTERED AGENT MUST SIGN

Date Oct 22, 2004

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	ROBERT L. VALLEDOR	1450 CORAL WAY	MIAMI, FL 33145
VP S VP T	SANDRA M. ATKINSON	1450 CORAL WAY	MIAMI, FL 33145

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:

Robert L. Valledor Oct 22, 2004 305 858-2998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)