

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 PM 1:37

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # 697063

1. Corporation Name

VALORINVEST FLORIDA, INC.

Principal Place of Business

1360 S. DIXIE HWY.
CORAL GABLES FL 33146

Mailing Address

1360 S. DIXIE HWY.
CORAL GABLES FL 33146

13905 Dixie Hwy
Coral Gables Fla. 33146

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1981

5. FEI Number

59-2222088

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	HARPER, ALLEN C	1360 S DIXIE HWY	CORAL GABLES FL
S	HERNANDEZ, SONIA MRS Cathy Conrad	1360 S DIXIE HWY	CORAL GABLES FL
T	ACEITUNO, MARY	1360 S DIXIE HWY	CORAL GABLES FL

300003480373-1
-11/30/00--01014--007
****750.00 ****750.00
L8

8. Name and Address of Current Registered Agent

HARPER, ALLEN C.
1360 S. DIXIE HWY.
% VALORINVEST FLORIDA, INC.
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)