PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 20 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M16018**

1 Corporation Name

M.E. VALLS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% MARIA E. VALLS JR. ~~328 CRANDON BLVD., SUITE 223~~ KEY BISCAYNE FL 33149	% MARIA E. VALLS JR. ~~328 CRANDON BLVD., SUITE 229~~ KEY BISCAYNE FL 33149

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
929 Crandon Blvd	929 Crandon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/30/1985

5. FEI Number: ~~APPLIED FOR~~ 65-0703753 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	VALLS, MARIA E. JR.	328 CRANDON BLVD.	KEY BISCAYNE FL
VD	VALLS, MARIA E. SR.	180 HARBOR DR.	KEY BISCAYNE FL 33149
SD	VALLS, JOSE A.	180 HARBOR DR.	KEY BISCAYNE FL 33149

REINSTATEMENT 1996

12/20/96

8. Name and Address of Current Registered Agent

VALLS, MARIA E. JR.
328 CRANDON BLVD.
KEY BISCAYNE FL 33149

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 500000203786S5--4
-12/24/96--01185--001

City ****383.75 State FL ~~****383.75~~

CR2E040 (7/96)

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 _____ Date 9/6/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 9/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052487 AR