

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005369

FILED
Nov 05, 2009
Secretary of State

Entity Name: VALETERIA FOUNDATION, INC.

Current Principal Place of Business:

1100 NW 206 TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1100 NW 206 TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POLLUS, ED
1100 NW 206 TERRACE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ED POLLUS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATHELIER, MICKEL
Address: 700 NE 178 TERRACE
City-St-Zip: MIAMI, FL 33162

Title: V () Delete
Name: SALVADOR, CLAUDEL J
Address: 431 NW 112 STREET
City-St-Zip: MIAMI, FL 33168

Title: S () Delete
Name: JOSEPH, FRITZ N
Address: 9957 WEST ELM LANE
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: POLLUS, ED
Address: 1100 NW 206 TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATHELIER, MICHEL
Address: 700 NE 178 TERRACE
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED POLLUS

T

11/05/2009

Electronic Signature of Signing Officer or Director

Date