

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAY 22 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000096432**

1. Corporation Name

**VALDO ENTERPRIZE INC**

2. Principal Office Address

**1429 WASHINGTON AVE**  
Suite, Apt. #, etc.

3. Mailing Office Address

**3690 NW 15 ST**  
Suite, Apt. #, etc.

City & State

**MIAMI BEACH FLA**

City & State

**MIAMI FLA**

Zip

**33129**

Country

**USA**

Zip

**33125**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/12/00**

5. FEI Number

**65-111873**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**2001-2002 UBR**

**7. Name and Address of Current Registered Agent**

Name

**CARLOS L. VALDERRAMA**

**100005979881-8**

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

**3690 NW 15 ST**

**06/25/02-01073-003**

**\*\*\*300.00 \*\*\*300.00**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33125**

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

**[Signature]**

Date

**4/10/02**

REGISTERED AGENT MUST SIGN

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
President	Carlos L. Valderrama	3690 NW 15 ST	Miami, FL 33125
Vice Pres	Claudio Y. Valderrama	3690 NW 15 ST	Miami, FL 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**[Signature]**

**4/10/02**

**305.448.3689**

Date

Daytime Phone #

282

**TO: MICHELLE MILLIGAN /FLA DEPT OF STATE**

**FROM : CARLOS L VALDERRAMA**

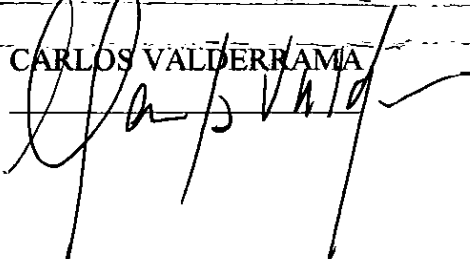
**RE: WAIVE REINSTATEMENT FEE**

**DATE: 4/10/02**

**PLEASE I'M ASKING TO WAIVE REINSTATEMENT FEE, FOR  
VALDO ENTERPRIZE INC, I HAVE A CURRENT CORPORATION  
WHICH IS VALDO AUTO SALES,CORP. I KNOW THAT I SEND OUT  
~~FOR VALDO AUTO SALES, HOWEVER I NEVER RECEIVED NOTICE~~  
OF VALDO ENTERPRIZE INC. THANK YOU FOR YOUR CONSIDERATION  
AND I APPOLOGIZE FOR ANY INCONVIENCE.**

**THANK YOU**

**CARLOS VALDERRAMA**

A handwritten signature in black ink, appearing to read 'Carlos Valderrama', is written over the printed name.