

H04000191217 3

FILED

04 SEP 23 PM 4: 43

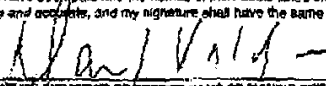
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000096432					
1. Corporation Name valdo enterprise, inc.					
1429 washington ave. 1429 washington ave					
2. Principal Office Address 1429 washington ave.			3. Mailing Office Address 1429 washington ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State miami beach, florida			City & State miami beach, fl		
Zip 33139	Country miami-dade	Zip 33139	Country miami-dade		

REINSTATEMENT-04

4. Date Incorporated or Qualified To Do Business in Florida 10-12-2000	
5. File Number 65-1118173	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name carlos i. valderama	
Street Address (P.O. Box Number is Not Acceptable) 1429 washington ave	
Suite, Apt. #, Etc.	
City miami beach	State FL Zip Code 33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent		Date 09-23-2004	
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
pd	carlos i. valderama	1429 washington ave	miami beach, fl 33139
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 taxes 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)(b), 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: 		305-673-3733	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

H04000191217 3

TOTAL P.02

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000191217 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS. INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

VALDO ENTERPRIZE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

Public Access Help