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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 enterprize, inc.

1429 washington ave.
1429 washington ave

2. Principal Office Address	3. Mailing Office Address
1429 washington ave.	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 03-04

4. Date Incorporated or Qualified To Do Business In Florida: 10-12-2000

5. Fei Number: 65-1118173 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 09-23-2004

CR5E081 (01/04)

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 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] — 305-673-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TOTAL P.02

Florida Department of State

Division of Corporations
Public Access System

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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
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