

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 NOV 21 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000059502

1. Corporation Name

VALDESPINO & ASSOCIATES

2. Principal Office Address

2641 ABACO AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Office Address

2641 ABACO AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33133

Country

USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

6-14-01

5. FEI Number

59-357 2549

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

JACQUELINE M. VALDESPINO

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

2641 ABACO AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

*J. Valdespino*

REGISTERED AGENT MUST SIGN

Date 11-19-03

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
<del>D</del>	<del>JACQUELINE M. VALDESPINO</del>	<del>2641 ABACO AVENUE</del>	<del>MIAMI, FL 33133</del>

400024924334  
11/21/03--01036--018 \*\*900.00

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)(f), 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:

*J. Valdespino*

Jacqueline M. Valdespino

Date

11/19/03

Daytime Phone #

(805)  
442-1200

CR2E081 (10/02)

2