2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -9 AM 8:00

REINSTATEMENT 04

DOCUMENT # P01000083129

1. Entity Name
VALENCIA UNIQUE MANUFACTURE INC.

Principal Place of Business	Mailing Address
5401 COLLINS AVE. CU-9D MAIMI BEACH, FL 33140	5401 COLLINS AVE. CU-9D MAIMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
1228 W 68 St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State
Zip: 33012 / Country: Dade	Zip / Country

11192004 REIN-P CR2E098 (6/04) MRS

4. FEI Number: 22-3831535 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, JUAN C 19289 NW 14 ST PEMBROKE PINES, FL 33029	Name: Juan C Cruz Street Address (P.O. Box Number is Not Acceptable): 122 SW 164 Terrace City: Pembroke Pines FL Zip Code: 33027

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Juan Carlos Cruz — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 12-3-04

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	CRUZ, JUAN C	NAME	Juan C Cruz
STREET ADDRESS	19289 NW 14 ST	STREET ADDRESS	122 SW 164 Terrace
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	Pembroke Pines, Florida 33027
TITLE	VP ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	CRUZ, CARIDAD	NAME	Caridad Cruz
STREET ADDRESS	19289 NW 14 ST	STREET ADDRESS	122 SW 164 Terrace
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	Pembroke Pines, Fl. 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	300043299153
CITY-ST-ZIP		CITY-ST-ZIP	12/09/04--01020--017 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan Carlos Cruz 12-3-04 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305 895-0803
954471-2844
Daytime Phone #