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

11192004 REIN-P CR2E098 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
1228 W 69 St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State
Zip: 33012 Country: Dade	Zip Country

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

CRUZ, JUAN C
19289 NW 14 ST
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

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

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 12-3-04 305 895-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954471-2844