

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -26 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Valencia Unique Manufacture Inc.

P010000 83129

2. Principal Office Address

5401 Colling Ave

Suite, Apt. #, etc.

CU-9D

City & State

miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

5401 Collins Ave

Suite, Apt. #, etc.

CU-9D

City & State

miami Beach, Florida

Zip

33140

Country

USA

REINSTATEMENT 02-03

600021164696

06/26/03--01084--010 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 2002

5. FEI Number

22-3831535

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

Juan Carlos Cruz

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

19289 NW 14 St

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

*Juan Carlos Cruz*

REGISTERED AGENT MUST SIGN

Date 6-22-03

**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
President	Juan Carlos Cruz	19289 NW 14 St	Pembroke Pines, FL 33029
Vice President	Caridad P Cruz	19289 NW 14 St	Pembroke Pines, FL 33029

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.

954 701-4644

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Carlos Cruz

Date

6-22-03

Daytime Phone #

CR2E081 (10/02)

9/7/0