FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119059

1. Corporation Name

DEL Valle Enterprises, Inc.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address	
733 NE 167 st	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida 12/17/2001

City & State	City & State	
North Miami Beach FL	FL 33162	

5. FEI Number | Applied For / Not Applicable

Zip	Country	Zip	Country
33162	U.S.A.		

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name	Martinez, Ernesto JR PA

200030964902
03/24/04--01014--021 **1050.00

Street Address (P.O. Box Number is Not Acceptable)
301 almeria Ave, suite 105

Suite, Apt. #, Etc.

City		State	Zip Code
Coral Gables		FL	33134

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 _____   Date 3/16/04

REGISTERED AGENT MUST SIGN

CR2E081 (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	Vento, Oslayda,	733 NE 167 st	N. Miami Beach Fl 33162
TSD	Del Valle Juan	733 NE 167 st	N. Miami Beach Fl, 33162

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 (305)231-1747
3/16/04 (305)558-2811
/Date / Daytime Phone #