

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000053431

1. Corporation Name

VIVA VALENCIA INC.

2. Principal Office Address

1130 S. RIDGEWOOD AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip

Country

Zip

Country

32114

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/2002

5. FEI Number

68-0515524

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

J. JESUS VALENCIA

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

2050 S. RIDGEWOOD AVE. APT#E25

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32119

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. Jesus Valencia

REGISTERED AGENT MUST SIGN

Date

06-18-04

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
P	J. JESUS VALENCIA	2050 W. RIDGEWOOD AVE. APT#E25	DAYTONA BEACH, FL 32119

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:

J. Jesus Valencia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-18-04

Daytime Phone #

18 282

Nora B. Romero
Certified Public Accountant
2411 E. Graves Ave, Ste#4
Orange City, FL 32763
(386) 851-0040

June 18, 2004

Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Viva Valencia Inc. F.E.I# 68-0515524

Sir/Madam:

This letter is to request a waiver of the reinstatement fee the above reference corporation. Management did not receive the form and since the corporation has only being in existence for two years they were not aware of this filing requirement. I informed them that they would be receiving a card in the future but that nonetheless to mark their calendar for the May 1 deadline. They would be complying with this rule in the future.

Your favorable response would be greatly appreciated.

Sincerely,



Nora B. Romero
CPA

cc: J. Jesus Valencia