

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 27 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067607

1. Corporation Name

VALDES AUTO SALES CORP  
8004 NW 154 STREET #170  
MIAMI LAKES, FL 33016

**REINSTATEMENT** 03-04

2. Principal Office Address

8038 NW 103 ST  
Suite, Apt. #, etc.  
BAY 39

3. Mailing Office Address

Suite, Apt. #, etc.  
City & State

City & State

Hialeah Gardens, FL

Zip  
33016

Country

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

04-3687707

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

VALDES, Wilfredo

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

8038 NW 103 ST, Bay 39

Suite, Apt. #, Etc.

City

Hialeah Gardens

State  
FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

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.	VALDES, Wilfredo	4021 SW 148 PLACE	MIAMI, FLORIDA 33185
V.P.	VALDES, Wilfred C	7418 COLLINS AVE #201	MIAMI BEACH, FL 33139
Direct	VELEZ, Ileana	1230 NW 38 AVE	Ocala, FL 34482

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:

*Wilfredo Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 2004 305 5820303  
Date Daytime Phone #

CR2E081 (10/02)