

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071784

1. Corporation Name

W & M VALDEZ, INC.

2. Principal Office Address - No P.O. Box #

485 NW 129TH STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33168

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **09/14/2007**

5. FEI Number

47-0882196

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

ROSARIO ACCTG. AND IMMG. SERV. INC

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

16953 NE 22 AVENUE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/06/08

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 | VALDEZ, WILSON | 485 NW 129TH STREET | NORTH MIAMI FL 33168 |
| VP | ALEGRIA, MARILYN | 485 NW 129TH STREET | NORTH MIAMI FL 33168 |
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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 contained in Chapter 119, 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

11/06/08

Date

786-255-8888

Daytime Phone #

FILED

08 NOV 14 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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