

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P02000080036

1. Corporation Name

CASA VALENCIANA, INC.

FILED  
03 DEC 12 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

300025466013  
12/12/03--01068--006 \*\*150.00

2. Principal Office Address

P.O. BOX 347106

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 347106

Suite, Apt. #, etc.

City & State

CORAL Gables FL

City & State

CORAL Gables FL

Zip

332234

Country

U.S.A

Zip

332234

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

July 24, 2002

5. FEI Number

33-1014952

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

Corporate Creations

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

941 Fourth Street # 200

Suite, Apt. #, Etc.

City

Miami Beach

State  
FL

Zip Code

33139

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

X K. SARRIA, VP CORPORATE CREATIONS

REGISTERED AGENT MUST SIGN

Date X 10/27/03

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
P/S	MARIA C. Longo	744 Biltmore Way	Ste 2, Coral Gables FL
T/V	Adriel Longo	Carretera 845 K.M. 0.5 Cupey Bajo,	33134 P. Rico 00926

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:

Maria Longo

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

305-299-130X

Daytime Phone #

CR2E081 (10/02)

TL

Casa Valenciana Inc.  
P. O. Box 347106  
Coral Gables, FL 33234

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

December 1, 2003

**RE:** Document Number P02000080036  
**ATTACHEMENTS:** ~~Application for Reinstatement and Check~~

I am requesting with this letter a waiver for the reinstatement fee for Casa Valenciana, Inc. The Articles of Incorporation for Casa Valenciana, Inc. were filed on July 24, 2002, by Corporate Creations International Inc., at 941 Fourth Street #200, Miami Beach, FL. The Corporation was filed under the following address: P. O. Box 347106, Coral Gables, FL 33234.

I did not receive the annual business report on time, and therefore was not able to file on time due to a mistake that was caused by the Division of Corporation. On October 17, 2003, I called your office to request the annual business report, and found out that you have mailed the report to an incorrect zip code.

Please make the correction on the zip code, send me the annual business report to the address stated above, and grant me a waiver for the reinstatement fee. Enclosed you will find the reinstatement application and a check for the amount of \$150.00.

Yours Truly,

*Maria C. Longo*  
Maria C. Longo