PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLET	TING THIS FORM.	
APPLICATION - FOR REINSTATEMENT	FLORIDA DEPARTMENT Glenda E. Hoo Secretary of Sta	od ate	FILED 03 NOV -6 PM 2: 20	1
DOCUMENT # P02000129076  1. Corporation Name  DANIEL R VALDES, O.D. ASSOCIATES, P.A.			SECHETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  Mailing Address  6151 RALM TRACE DRIVE  113  DAVIS FL 33314  US  Mailing Address  6151 RALM TRACE DRIVE  113  DAVIE FL 33314  US		DEIL	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<b></b>
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable  72 NW 75 WW  Suite, Apt. #, etc.  City & State	3. New Mailing Office Address. If A Suite, Apt. #, etc.	Applicable 4. Date Incor To Do Bus 5. FEI Numb	porated or Qualified siness in Florida 12/06/er -2194083	Applied For
Plantation FL Zip 33317 Country S  7. Names and Street Addresses of Each Officer and/o	Plantahm, FL Zip 33317 Country	6. CERTIFICA	\$8.75 A	Not Applicable dditional Fee required Certificate of Status
Title(s)  Name of Officers and/or Directors	Stree	et Address of Each cer and/or Director	City / State /	Zip
PST VALDES, DANIEL R	172 NW	EDRIVE #113- 75 Way	Planta I'm, FL	33317
		50 11/06	0002448805i /0301048013 **	≣ 150.00
8. Name and Address of Current Registered Agent Name		9. Name and	Address of New Registered Ager	nt ·
VALDES, DANIEL R 6151 PALM TRACE DRIVE		Street Address (P.O. Box Number 12 NW 75 Suite, Apt. #, Etc.	is Not Acceptable)	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent \_

DAVIÉ FL 333 M

REGISTERED AGENT MUST SIGN

Date 10/24/03

11. 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

10/24/03 (964)585-0625

Daytime Phone

## Daniel R Valdes, OD, Associates, P.A.

172 NW 75 Way Plantation, FL 33317 (954) 585-0525

October 24, 2003

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

Re: Corporate renewal (UBR) Daniel R Valdes, OD, Associates, P.A. P02000129076

Dear Department of State:

I recently received a notice of dissolution of my corporation. My corporation is newly formed on December 6, 2002. The first notice I received concerning the corporate renewal was a dissolution notice and reinstatement notice. We moved at the beginning of 2003 and received no mail forwardings of this notice. We have been working hard to correct this problem.

The original fee for renewal of the UBR is \$150. We have enclosed a check for this amount and hope you can renew our corporation retroactively for lack of notice and the youth of our corporation.

Thank you for your consideration,

Daniel R Valdes, O.D., President