

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 11 AM 8:27

DOCUMENT # P03000085908

1. Corporation Name

VALUE-MART BRAND SOURCE INC

900075288069
05/25/06--01044--021 **1050.00

2. Principal Office Address

2360 W. 74 Street

3. Mailing Office Address

8758 SW 8 St

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Miami

Zip

33016

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified
- To Do Business in Florida -

5. FEI Number

20-0497167

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

MARTHA R. VERDE

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

2360 W. 74 Street

Suite, Apt. #, Etc.

205

City

Hialeah

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

Martha R. Verde

REGISTERED AGENT MUST SIGN

Date

5/9/06

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
PD	MARTHA R. VERDE	2360 W. 74 St. #204	Hialeah FL 33016

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:

Martha R. Verde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06

Date

Daytime Phone #