

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 22 AM 10:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000132249**

1. Corporation Name

VALERCA ENTERPRISES INC

900133281759
07/22/08--01023--003 **1350.00

REINSTATEMENT (2/07) **04-08**

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

6440 SW 130TH AV

3. Mailing Office Address

6440 SW 130TH AV

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

DAVE

Zip

33183

Country

DAVE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

81-0637475

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

RAFAEL SANCHEZ

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

6440 SW 130TH AV

Suite, Apt. #, Etc.

404

City

MIAMI

State

FL

Zip Code

33183

☐ 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

Rafael Sanchez
REGISTERED AGENT MUST SIGN

Date

7-14-2008

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 |
|--------|--------------------------------------|---|--------------------|
| D | RAFAEL SANCHEZ | 6440 SW 130TH AV SUITE 404 | MIAMI FL 33183 |
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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

Date

Daytime Phone #