# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000040859**

1. Entity Name
SAN SEBASTIAN VALLEY CORPORATION

FILED

06 OCT -3 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 601 ABACO CT<br>KISSMMEE, FL 34746 | 601 ABACO CT<br>KISSMMEE, FL 34746 |

09292006    REIN-P    CR2E098 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|

4. FEI Number 75-3189490    ☐ Applied For  ☐ Not Applicable

5. Certificate of Status Desired ☒    **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SANTOS SIERRA, PABLO JUAN<br>12113 GRECO DR<br>ORLANDO, FL 32824 | Name MANUEL S. FELICIANO<br>Street Address (P.O. Box Number is Not Acceptable)<br>601 ABACO ST.<br>City KISSIMEE    FL    Zip Code 34746 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Manuel Serrano Feliciano*    9/29/06

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2007, Fee will be $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|---|
| TITLE | PSTD | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | FELICIANO, MANUEL S | | NAME | 400080387684 | |
| STREET ADDRESS | 601 ABACO CT | | STREET ADDRESS | 10/03/06--01022--017  **158.75 | |
| CITY-ST-ZIP | KISSMMEE, FL 34746 | | CITY-ST-ZIP | | |
| TITLE | VD | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | RIVERA, AIDA L | | NAME | | |
| STREET ADDRESS | 601 ABACO CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSMMEE, FL 34746 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change  ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Serrano Feliciano*    9/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #