

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 29 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000091672

1. Corporation Name

VALOR PARTNERS CONSTRUCTION GROUP, INC

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

25371 SW 142 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33132

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2005

5. FEI Number
20-3197731

☐ 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

EDGAR CABALLERO

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

10301 SW 62 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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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

Date

REGISTERED AGENT MUST SIGN

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	EDGAR CABALLERO	10301 SW 62 STREET	MIAMI, FL 33173
VP	JOAQUIN DIEZ	10301 SW 62 STREET	MIAMI, FL 33173

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 26, 2011 305-3262

RA 8/29/11