

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000134036

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** PROMOTORA VALLE HERMOSO INC.

**Current Principal Place of Business:**

1809 E. BROADWAY ST., SUITE 346  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

309 CELTIC CT.  
OVIEDO, FL 32765 US

**Current Mailing Address:**

609 HAMPSHIRE LN.  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 02-0755762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NARVAEZ, PATRICIA F  
609 HAMPSHIRE LN.  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** PNARVAEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NARVAEZ, PATRICIA E MS  
**Address:** 609 HAMPSHIRE LN  
**City-St-Zip:** OVIEDO, FL 32765 FL

**Title:** VP  
**Name:** MELNIK, SERGUEI MR  
**Address:** 309 CELTIC CT.  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** ST  
**Name:** ROSALES, MARIA G MS  
**Address:** AVE. DE LOS SHYRIS N39-48  
**City-St-Zip:** QUITO, XX XXXXX EC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PNARVAEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

02/24/2012

\_\_\_\_\_  
Date