

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

DOCUMENT # P05000155722

1. Entity Name
VALDES & FERNANDEZ CORP



Principal Place of Business
8619 WELLINGTON LOOP
KISSIMMEE, FL 34747

Mailing Address

8619 WELLINGTON LOOP
KISSIMMEE, FL 34747

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

10062008 REIN-P CR2E098 (1/07)

4. FEI Number
20-3846432

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, CARLOS M
8619 WELLINGTON LOOP
KISSIMMEE, FL 34747

Name

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

City

FL Zip Code

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

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, 2009, 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

TITLE P
NAME VALDES, CARLOS M
STREET ADDRESS 8619 WELLINGTON LOOP
CITY-ST-ZIP KISSIMMEE, FL 34747

Delete

TITLE VP
NAME DAQUIN, DAYSI D
STREET ADDRESS 8619 WELLINGTON LOOP
CITY-ST-ZIP KISSIMMEE, FL 34747

Delete

TITLE T
NAME VALDES, CARLOS JR
STREET ADDRESS 8619 WELLINTONG LOOP
CITY-ST-ZIP KISSIMMEE, FL 34747

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

300136820983
10/10/08--01042--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-06-2008 407 9443360