
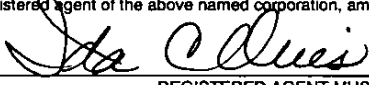
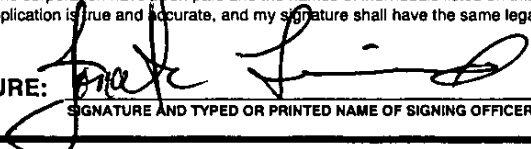


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000010380			
1. Corporation Name Value Holdings, Inc.			
2. Principal Office Address 2307 Douglas Road Suite, Apt. #, etc. Suite 400 City & State Miami, FL Zip 33145 Country US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		<div style="text-align: right;">FILED 06 AUG 30 PM 2:43 SEC. OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">REINSTATEMENT 04-06 CR2E081112/05</div>	
		4. Date Incorporated or Qualified To Do Business in Florida 12/08/1992	
		5. FEEL Number 592388728 <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Ida Ovies Street Address (P.O. Box Number is Not Acceptable) 2307 Douglas Road Suite, Apt. #, Etc. Suite 400 City Miami State FL Zip Code 33145			
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 8/15/06</div></div>			
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
PD	Alison Cohen	2307 Douglas Rd. Ste 400	Miami, FL 33145
S	JONATHAN LEINOWAND	2307 Douglas Rd. Ste 400	MIAMI, FL 33145
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		General Counsel 8/18/06 766-7979175 Date Daytime Phone #	