

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062925

1. Corporation Name

VALDES HOLDINGS INC.

Principal Place of Business

Mailing Address

2301 S.W. 92ND PLACE
MIAMI FL 33165

2301 S.W. 92ND PLACE
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2250 N.W. 94 AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2250 N.W. 94 AVE
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33172

Country

DADE

City & State

MIAMI, FLORIDA 33172

Zip

33172

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1993

5. FEI Number

65-0435583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	VALDES, JORGE	2301 S.W. 92ND PLACE 2250 N.W. 94 AVE	MIAMI FL 33165 MIAMI FL 33172
VSD	VALDES, CHERIE PONTES	2301 S.W. 92ND PLACE 2250 N.W. 94 AVE	MIAMI FL 33165 MIAMI FL 33172

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12/27/00 01080 006

****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORGE VALDES

2301 SW 92-PL

MIAMI FL 33165

Name

JORGE VALDES

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

2250 NW 94 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-15-00

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., 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 under section 119.07(3)(i), 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.

KE

SIGNATURE:

JORGE VALDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-00

Date

305-599-7118 x21

Daytime Phone #