

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000030932

1. Entity Name
MULTIVALORES, INC.



FILED

08 MAY 27 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

Principal Place of Business
1111 BRICKELL AVENUE
SUITE 1300
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2001 Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3402
City & State
Miami, FL
Zip Country
33137 US

4. FEI Number
65-0781546

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
KENNEY, JUDITH
777 BRICKELL AVE
SUITE 1070
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Judith Kenney
Street Address (P.O. Box Number is Not Acceptable)
2001 Biscayne Blvd.
Suite 3402
City
Miami FL Zip Code
33137

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 *Judith Kenney* Judith Kenney 4/17/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMANN, SERGIO R 1111 BRICKELL AVENUE, SUITE 1300 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASTILLO, JOSE J 1111 BRICKELL AVENUE, SUITE 1300 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORTIZ, ALBINO R 1111 BRICKELL AVENUE, SUITE 1300 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOTO, FEDERICO P 1111 BRICKELL AVENUE, SUITE 1300 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RASKOSKY-HOLMANN, SERGIO 1111 BRICKELL AVENUE, SUITE 1300 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000131229730 06/12/08--01014--016 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SERGIO RASKOSKY-HOLMANN

4/17/2008 305 572-1020

Date Daytime Phone #