

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000075482

1. Corporation Name

Valdias Properties, Inc.

Principal Place of Business

Mailing Address

9755 S.W. 62nd St.
Miami, Florida 33173

"Same"

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/95

5. FEI Number

65-0625307

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Daniel R. Valdes	9755 S.W. 62nd Street Miami, Florida 33173	Miami, Fl. 33173
VP	Daniel Valdes	6130 S.W. 93 Court	Miami, Fl. 33173
Secr.	Alejandro Diaz	13954 S.W. 36 Street	Miami, Fl. 33175
Treas.	Ana Diaz Cordero	6425 S.W. 93 place	Miami, Fl.

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2/11/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ana Diaz Cordero
2801 Ponce de Leon Blvd. #810
Coral Gables, Florida 33134

Name

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

800002086818--0

Suite, Apt. #, Etc.

-02/13/97--01045--007

City

State

FL

Zip Code

****915.00 ****915.00

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

REGISTERED AGENT MUST SIGN

Date

2/5/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

R Valdes, DANIEL R. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/97

Daytime Phone #

444-9923