11/13/96 17:05

APPROVED

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
H96000016036
1996 NOV 13 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091848

1. Corporation Name

VALTELO, INC.

Principal Place of Business / Mailing Address

4690 West Flagler Street
Miami, Fl 33134

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. Date Incorporated or Qualified To Do Business in Florida: 12/04/1995

5. FEI Number: 65-0623033 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X]

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
P/T/D	Josefina Val de Cruz	4690 West Flagler St.	Miami, FL 33134
V/D	Roberto Cruzval	4690 West Flagler St.	Miami, FL 33134
S/D	Felix Mateu	4690 West Flagler St.	Miami, FL 33134

REINSTATEMENT 96
SCC 11-13-96

8. Name and Address of Current Registered Agent

Josefina Val de Cruz
4690 West Flagler St.
Miami, FL 33134

9. Name and Address of New Registered Agent

Name: Felix Mateu
Street Address (P.O. Box Number is Not Acceptable): 4690 West Flagler St.
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33134

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: _____ Date: 11/13/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is exempted pursuant from public access. 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 unless 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., and that all fees owed by the corporation have been paid. 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: _____ Date _____

Prepared by: Felix Mateu 4690 West Flagler St. Miami, Fl 33134 H96000016036

11/13/96 17:05 # P95000091848 NO.133

11/13/96 FLORIDA DIVISION OF CORPORATIONS 2:38 PM
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(((H96000016036 1)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAB-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: VALTELO, INC.
AUDIT NUMBER.....H96000016036
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
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** ENTER 'M' FOR MENU. **

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