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 DEC 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094962

1. Corporation Name

VALAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
13800 SW 8th Street Suite 381 Miami, Florida 33184	

REINSTATEMENT 97

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

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

4. Date Incorporated or Qualified To Do Business in Florida: December 14, 1995

5. FEI Number: 65-0643847 — 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 Offic and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Offic rs and/or Direct s 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	VALIENTE, ALEJANDRO	13800 SW 8th Street Suite 381	Miami, Florida 33184

800002385448--4
-12/30/97--01030--012
****208.75 ****208.75

800002385448--4
-12/30/97--01030--013
****550.00 ****550.00

8. Name and Address of C rrent Registered Agent

VALIENTE, ALEJANDRO
13800 SW 8th Street
Suite 381
Miami, Florida 33184

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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

Signature of Registered Agent X _____ Date 12/26/97

REGISTERED AGENT MUST SIGN

ALEJANDRO VALIENTE

11. Does this corporation ay any intangible tax to the Dept. of Revenue und r 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 t 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 r 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 ; d 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, a f my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ 12/26/97 (305) 229-4233

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALEJANDRO VALIENTE DIRECTOR