

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100484
1. Corporation Name FLORES DEL VALLE, INC.

Principal Place of Business 1324 NORTHWEST 78TH AVENUE MIAMI FL 33126	Mailing Address 1324 NORTHWEST 78TH AVENUE MIAMI FL 33126
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/12/1996	
5. FEI Number 65-0712062	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PD	CARRASCO, JUAN PABLO	1324 NORTHWEST 78TH AVENUE	MIAMI FL 33126
VD	ARAGON, MANUEL	1324 NORTHWEST 78TH AVENUE	MIAMI FL 33126
VD	ARAGON, BLANCA	1324 NORTHWEST 78TH AVENUE	MIAMI FL 33126
STD	CORDOVA, GISELA H. Remove as STD	1324 NORTHWEST 78TH AVENUE Remove	MIAMI FL 33126 Remove
REINSTATEMENT			

8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. d/b/a AmeriLawyer Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134
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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 By: Natalia Utrera, Vice President Date April 30, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>	(See other side for information on Intangible tax.)
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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)(l), 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:  President	Apri1 30, 1998
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