

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 17 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100484

1. Corporation Name

Flores Del Valle, Inc.

2002-2003  
JBR

2. Principal Office Address

2605 NW 75 Avenue

Suite, Apt. #, etc.

Ste 1

City & State

Miami FL 33122

Zip

33122

Country

USA

3. Mailing Office Address

2605 NW 75 Avenue

Suite, Apt. #, etc.

Ste 1

City & State

Miami FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0712062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

Name

Flor Cordero

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

8025 NW 36 Street Ste 302

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

J. M. Cordero  
REGISTERED AGENT MUST SIGN

Date 12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Carlos Ramiro Crespo	Ave. Federico Proano 190 y Daniel Cordova, Cuenca - C	Cuenca, Ecuador
			500012311535 02/11/03--01039--024 **150.00
			500012311535 02/11/03--01039--025 **150.00

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/12  
Date

Daytime Phone #

CR2E081 (9/99)

2052

December 16, 2002

Florida Department Of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Flores del Valle, Inc.  
Document Num: P96000100484

Dear Sirs:

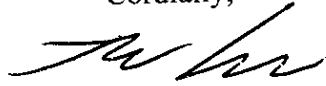
This letter is in regarding the annual report of the above mention company.

I am respectfully requesting the abatement of the reinstatement fees. Since the corporation moved from the previous address 10773 NW 58 Street Miami FL 33178 to my new address 2605 NW 75 Avenue Ste 1 Miami, FL 33122 and when it was time to file the report we did not received the form.

Please review the above circumstance and abate the penalty. I will make the payment on time from now on and notify you of any shall that might occur. Enclosed is an original Corporation Reinstatement Form report for 2002 and a check payable to the Department of State of \$150.00

Thanks for your prompt attention to this matter.

Cordially,



Carlos Ramiro Crespo  
President

12/23/02