

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # p97000072583**

1. Corporation Name

VELOR, INC

2. Principal Office Address

8567 CORAL WAY

Suite, Apt. #, etc.

302

City & State

MIAMI, FL

Zip

33155

Country

DADE

3. Mailing Office Address

8567 CORAL WAY

Suite, Apt. #, etc.

302

City & State

MIAMI, FL

Zip

33155

Country

DADE

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1997

5. FEI Number

65-0785784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JUAN CARLOS VELASQUEZ

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

8567 CORAL WAY

Suite, Apt. #, Etc.

302

City

MIAMI

State

FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date 10/23/03

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
P	LUZ STELLAN QUINTERO	8567 CORAL WAY STE 302	MIAMI, FL 33155
ST	JUAN CARLOS VELASQUEZ	8567 CORAL WAY STE 302	MIAMI, FL 33155

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

10/23/03

Date

305-477-3726

Daytime Phone #

**FILED**

03 OCT 24 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MES

CR2E081 (10/02)