PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris FILED SECRETARY OF STATE SECRETARY OF STATE SIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P98000015387 00 NOV -9 PM 5: 46 1. Corporation Name VALTEC INFORMATION SYSTEMS, INC. Principal Place of Business Mailing Address 9301 SW 56 STREET 9301 SW 56 STREET SUITE AA SUITE AA MIAMI FL 33165 MIAMI FL 33165 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 02/16/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0872692 City & State Not Applicable 6 \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director Title(s) 9301 SW 56 STREET MIAMI FL 33165 **PST** CASTRO, RAFAEL A **3000034819**53---11/30/00--01101--008 \*\*\*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent JOYCE, RICHARD F III 9555 N. KENDALL DR. Suite, Apt. SUITE 200 **MIAMI FL 33176** 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. 11-6-2000 Signature of Registered Age 11. I certify that I am an office 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 OF DIRECTOR

## P98000015387



## Valtec

Onformation Systems, Onc 9301 SW 56<sup>th</sup> Street, Suite AA Miami, Florida 33165 USA (305) 274-7410 – Fax (305) 274-7422 Website: www.valtec-miami.com

November 5, 2000

Florida State Department Division of Corporations P.O. 1500 \_\_\_\_\_ Tallahassee, FL 32314

RE: Administrative Dissolution P98000015387

Dear Sir/Ms:

I am submitting to you a request to review the Administrative Dissolution of my company. As I tried to explain in my phone conversation with Mr. Tyrone Scott, I did acquire the corporation, which was practically inactive from other owners about a year ago. Their address was different from the present one. My attorney had some delays in finalizing all the paperwork, and finally did months after the acquisition.

It was a great surprise to me when I received the red notice of Dissolution in the mail. I had not received any prior mailings to our address. Since this is a new address, and not knowing when was the time to do our annual corporate dues, my company was not able to timely fulfill the reporting requirements. As you can see, I have to change the Registered agent because the attorney closed his practice.

Please consider our simple request to accept our payment of the \$150 as required by the State law, and reinstate our company to good standing. It was not something that I previously knew, and be sure that it will never happen again in the future. As a small company just starting, we are in dire need of all the help you can provide.

Thanks in advance for your assistance,

Rafael A. Castro

President

Sincerely.