

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064645

1. Corporation Name

ENCARNACION and
De Valdez INC

REINSTATEMENT 0205

2. Principal Office Address

1005 NE 125 St

3. Mailing Office Address

1005 NE 125 St

Suite, Apt. #, etc.

suite 102

Suite, Apt. #, etc.

Suite 102

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

650938596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR MARIA E. de VALDEZ

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

1005 NE 125 St

Suite, Apt. #, Etc.

Suite 102

City

NORTH MIAMI, FL 33161

State
FL

Zip Code

33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0515 or 617.0503, F.S.

Signature of
Registered Agent

Manuel Walden

REGISTERED AGENT MUST SIGN

Date

01/18/05

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
<u>PD</u>	<u>DR MARIA E. de VALDEZ</u>	<u>1005 NE 125 St NORTH MIAMI</u>	<u>FL 33161</u>
<u>VP</u>	<u>MARIA ENCARNACION</u>	<u>1005 NE 125 St NORTH MIAMI</u>	<u>FL 33161</u>
<u>ST</u>	<u>LOUIS BROS</u>	<u>1005 NE 125 St NORTH MIA</u>	<u>FL 33161</u>

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:

Manuel Walden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05

Date

(786) 2873629

Daytime Phone #

CR2001 (01/05)

2012

ENCARNACION & DE VALDEZ INC
1005 NE 1225 Street North Miami, Fl 33161

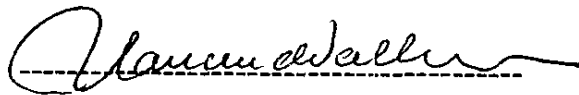
01/18/2005

To: Florida Department of State
Secretary of State
Division of Corporation

From: Encarnacion & De Valdez Inc.
Dr Maria E. de Valdez
Director

This is to inform your office that we haven't received the annual report form for the year 2002. We are willing to reinstate the corporation in paying the fees for 2002, 2003, 2004, 2005.

Truly Yours,



Dr Maria E. de Valdez, Director.