# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000668.116100.4

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** aiglesias@kaufmanrossin.com

**CORPORATION REINSTATEMENT**
**VELANIDIA INVESTMENTS, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$1,350.00~~ |

$750.00, client did not receive annual report reminder*

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000105790

1. Corporation Name

VELANIDIA INVESTMENTS, INC.

**REINSTATEMENT** 05-09
CR2E081 (12/08)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address c/o Steven M. Demer |
|---|---|
| 2699 S. Bayshore Dr. | 2699 S. Bayshore Dr. |
| Suite, Apt. #, etc.: Suite 300 | Suite, Apt. #, etc.: Suite 300 |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33133 Country: USA | Zip: 33133 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 12/07/1999

5. FEI Number: 650987572 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required when a Certificate of Status is

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 12-17-09
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| D/P | Lilia Judith Tovar De Leon | 2699 S. Biscayne Dr., Suite 300 | Miami, FL 33133 |
| D/VP/S | Vernon Emmanuel Salazar Zurita | 2699 S. Biscayne Dr., Suite 300 | Miami, FL 33133 |
| D/T | Delio Jose De Leon Mela | 2699 S. Biscayne Dr., Suite 300 | Miami, FL 33133 |
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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 contained in Chapter 119, 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: _____ Lilia Judith Tovar De León 12/10/2009 (507) 269- 2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #