

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 APR 23 PM 12:06

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # V22976**

**VALDI ENTERPRISES, INC.  
12525 S.W. 22 Terrace  
Miami, Florida 33175**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified  
To Do Business in Florida  
**3/19/92**

5. FEI Number

**65-0322165**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JORDI, JOAQUIN J.	12525 SW 22 Terrace	Miami, Florida 33175
STD	CRUZVAL, MAGDALENA	12525 SW 22 Terrace	Miami, Florida 33175
VD	VAL DE CRUZ, JOSEFINA	12525 SW 22 Terrace	Miami, Florida 33175

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\*\*\*1050.75 \*\*\*1050.75

**REINSTATEMENT**

96-98

4

4-24-98

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**JOSEFINA VAL DE CRUZ  
12525 SW 22 Terrace  
Miami, Florida 33175**

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

**FL.**

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.

Signature of  
Registered Agent

**JOSEFINA VAL DE CRUZ** REGISTERED AGENT MUST SIGN

Date **April 21, 1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

**JOSEFINA VAL DE CRUZ**

Date **4/21/98**

Daytime Phone # **(305) 551-7307**