



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V72818		FILED 00 NOV 16 PM 4:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name VALUE IMPORTS COMPANY, INC.			
Principal Place of Business 5150 NW 165TH STREET MIAMI FL 33014 US		Mailing Address 5150 NW 165TH STREET MIAMI FL 33014 US 4323 BANDINI BLVD L.A. CA 90023	
REINSTATEMENT 00			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. 4323 Bandini Blvd City & State Los Angeles, CA Zip 90023 Country USA		Suite, Apt. #, etc. 4323 Bandini Blvd. City & State Los Angeles, CA Zip 90023 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/19/1992		5. FEI Number 65-0370475	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
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	4. City / State / Zip
PTSV	DADLANI, UMESH	5150 NW 165TH STREET	MIAMI FL
D	DADLANI, UMESH	5151 NW 165TH STREE	MIAMI FL
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DADLANI, UMESH 4450 NW 72ND AVE. MIAMI FL 33166 4323 BANDINI BLVD L.A. CA 90023		DAVID J. HART, ESO. Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Blvd. #2600 Suite, Apt. #, Etc. Suite 2600 City Miami State FL Zip Code 33132	
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  REGISTERED AGENT MUST SIGN		Date 10/13/00	
11. 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		Date 10/13/00 Daytime Phone #	