

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 <u>1005 NE 125 ST</u>		3. Mailing Office Address <u>1005 NE 125 ST</u>	
Suite, Apt. #, etc. <u>suite 102</u>		Suite, Apt. #, etc. <u>Suite 102</u>	
City & State <u>NORTH MIAMI, FL</u>		City & State <u>NORTH MIAMI, FL</u>	
Zip <u>33161</u>	Country <u>USA</u>	Zip <u>33161</u>	Country <u>USA</u>

4. Date incorporated or Qualified To Do Business in Florida <u>1999</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>650938596</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>DR MARIA E. de VALDEZ</u>	Street Address (P.O. Box Number is Not Acceptable) <u>1005 NE 125 ST</u>	City <u>NORTH MIAMI, FL</u>
Suite, Apt. #, Etc. <u>Suite 102</u>	Zip <u>33161</u>	State <u>FL</u>
800047542159		03/02/05--01007--006 **608.75

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 Date 01/18/05

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
<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)(l), 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 Date 01/18/05 (786) 2873629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

2002

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

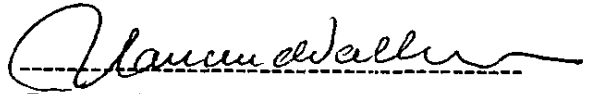
01/18/2005

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.