

12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JUL -8 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 44 616

1. Corporation Name

VALPI TRUCKING CORP.
3445 SW MAPP ROAD # 103
PALM CITY, FL 34990

2. Principal Office Address

3445 SW MAPP RD.

Suite, Apt. #, etc.

103

City & State

PALM CITY, FL

Zip

34990

Country

U.S.A.

3. Mailing Office Address

222 PURCHASE ST.

Suite, Apt. #, etc.

144

City & State

RYE, NY

Zip

10580

Country

U.S.A.

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/24/2002

5. FEI Number

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

TAX HOUSE CORPORATION

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

3929 N. FEDERAL HWY

Suite, Apt. #, Etc.

City

POMPANO BEACH,

State

FL

Zip Code

33064

900057221619
07/11/05 01002 001 **40.00

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

REGISTERED AGENT MUST SIGN

Date 04/05/2005

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
P, D	SIDNEI E. VALENTIM	3445 SW MAPP ROAD # 103	PALM CITY, FL 34990

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/2005 (215)888-5989

Date

Daytime Phone #

7/14 aw

CR2E081 (01/05)

2/2

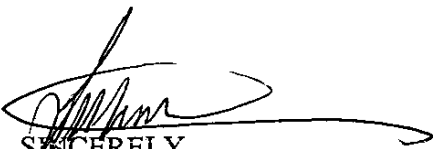
3445 SW MAPP ROAD#103
PALM CITY, FL 34990

RE: VALPI TRUCKING, CORP.
P02000044616

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE AND REINSTATET MY CORPORATION BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPERS IN MY HOUSE. PLEASE CHECK IN YOUR RECORDS MY ADDRESS BECAUSE I HAVE MOVED. MY ACCOUNTANT DID NOT REALLY EXPLAINED TO ME HOW THIS CORPORATION THING WORKS AND I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE THAT AS SOON AS MY CORPORATION IS REINSTATED, NEXT YEAR I'LL BE FILING THE ANNUAL REPORT CORRECTLY.

PLEASE MAKE NOTE OF MY MAILING ADDRESS: 222 PURCHASE STREET#144, RYE, NY 10580
AND MY PRINCIPAL ADDRESS IS: 3445 SW MAPP ROAD#103, PALM CITY, FL 34990



SINCERELY,
SIDNEI E. VALENTIM
July 05, 2005