

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 31 PM 2:49

DOCUMENT # **P06000002689**

1. Corporation Name
Val - Green Construction Services, Inc.

B 1/2/08
REINSTATEMENT 07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
16035 Horizon Court
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Clermont, FL
Zip
34711
Country
U.S.A.

City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
January 05, 2006

5. FEI Number
20-4066644
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent
Name
Nila Valverde
Street Address (P.O. Box Number is Not Acceptable)
16035 Horizon Court
Suite, Apt. #, Etc.
City
Clermont
State
FL
Zip Code
34711

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 **Nila Valverde** Date **10-31-07**
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
owner	Nila Valverde	16035 Horizon Court	Clermont, FL 34711
V.P.	Uriel Valverde	16035 Horizon Court	Clermont FL 34711

400112011634
11/05/07--01058--009 **175.00
400112011634
01/08/08--01017--004 **575.00

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: **Nila Valverde** Date **10-31-07** Daytime Phone # **352-988-8170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR