


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 17 AM 11:47

DOCUMENT # P96000041515(3)

1. Corporation Name  
**VALIANT INTERNATIONAL, INC.**

2. Principal Office Address <b>1375 N.E. 123 ST.</b> Suite, Apt. #, etc.		3. Mailing Office Address #H <b>9724 NW 36 MANOR</b> Suite, Apt. #, etc.	
City & State <b>N. MIAMI, FL.</b>		City & State <b>CORAL SPRINGS, FL.</b>	
Zip <b>33161</b>	Country <b>USA</b>	Zip <b>33065</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **5/14/1996**

5. FEI Number **65-067-0310** 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 **JON EVANS**

Street Address (P.O. Box Number is Not Acceptable)  
**9724 N.W. 36 MANOR**

Suite, Apt. #, Etc.

City **CORAL SPRINGS** State **FL** Zip Code **33065**

700004740557-9  
 -12/27/01--D1017--018  
 \*\*\*\*\*150.00 \*\*\*\*\*150.00

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 *Jon Evans* Date **12/6/2001**

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
P.D.	SHARON EVANS	9724 NW 36 MANOR	CORAL SPRINGS, FL 33065
VSTD	JON EVANS	9724 NW 36 MANOR	CORAL SPRINGS, FL 33065
			700004740557-9 -12/27/01--D1017--019 *****8.75 *****8.75
			<i>12/24</i>

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: *Jon Evans* **JON EVANS** Date **12/6/2001** Daytime Phone # **305-891-6416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20001 (2/00)

**VALIANT INT'L. INC.  
1375 NE 123 STREET  
N. MIAMI, FL. 33161  
TEL: 305-891-6416\*\*\*\*FAX: 305-8916418  
EMAIL: VALIANT.INT@ATT.NET**

**DATE: 12-06-01  
TO: FLORIDA DEPT OF STATE  
ATT: CORPORATE REINSTATEMENT  
FROM: JON EVANS  
RE: NEW ADDRESS**

**MY FIRM MOVED FROM 2250 NW 96<sup>TH</sup> AVE, MIAMI, FL. 33172 TO THE  
NEW ADDRESS LISTED ABOVE APPROXIMATELY FOURTEEN MONTHS  
AGO. I NEVER RECEIVED THE RENEWAL FORMS TO SEND IN.**

**ENCLOSED AIS THE REINSTATEMENT FORM WITH A CHECK IN THE  
AMOUNT OF \$150.00**

**PLEASE LET ME KNOW IF THERE ARE ANY QUESTIONS.**

**THANK YOU FOR YOUR ATTENTION**



**JON EVANS  
VICE PRESIDENT**