

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 OCT 30 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 682894

1. Corporation Name

SPRING VALLEY, INC.

2. Principal Office Address

14100 N.E. 2nd Court

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33161

Country

USA

3. Mailing Office Address

14100 N.E. 2nd Court

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33161

Country

USA

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

09/24/1980

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 69-02

7. Name and Address of Current Registered Agent

Name

Intrastate Registered Agent Corporation

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

701 Brickell Ave.

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State
FL

Zip Code
33131

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

INTRASTATE REGISTERED AGENT CORPORATION

Steven H. Hagen, Vice President

Date **10-24-02**

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
DPST	Robert J. Friedman	701 Brickell Ave., Suite 3000	Miami, Florida 33131

REINSTATEMENT 89-02

R. H. H.

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)(f), 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:

Robert J. Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 21, 2002

Date

Daytime Phone #

(305)

789-7791

CR2E081 (9/01)