

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 21 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729304

1. Corporation Name

The Apple Valley Civic Corporation

2. Principal Office Address - No P.O. Box #

104 Candlewick Road

3. Mailing Office Address

104 Candlewick Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs

City & State

Altamonte Springs

Zip
32714

Country
Seminole

Zip
32714

Country
Seminole

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1974

5. FEI Number

591607561

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
Juan Ramos Ordona Jr.

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

Suite, Apt. #, Etc.

City
Altamonte Springs

State
FL

Zip Code
32714

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

Date August 17, 2007

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
Pres	John Perrone	121 Candlewick Road	Altamonte Springs, FL 32714
VP	Chad Ragland	107 Candlewick Road	Altamonte Springs, FL 32714
Sec	Nancy Nolt	111 West Hillcrest Street	Altamonte Springs, FL 32714
Trea	Juan Ramos Ordona Jr.	104 Candlewick Road	Altamonte Springs, FL 32714

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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:

Juan R. Ordono Jr.

Aug 17, 2007 cell 321-356-0251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #