

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752186

1. Corporation Name

VALKYRIES OF MANATEE INC.

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

3808 13th Ave W

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34205

Country

USA

3. Mailing Office Address

3808 13th Ave W

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34205

Country

USA

7. Name and Address of Current Registered Agent

Name

James M Allen

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

3808 13th Ave W

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code
34205

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**

James M. Allen

REGISTERED AGENT MUST SIGN

Date June 11, 2009

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
PD	ALLEN, James M	3808 13th Ave W	Bradenton FL 34205
VPD	TOMLINSON James C	3409 33rd Ave Dr W	Bradenton FL 34205
ST	ALLEN, Elise N	3808 13th Ave W	Bradenton FL 34205
D	ANTHONY, John	7703 12th Ave NW	Bradenton FL 34205

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:

Elise N. Allen, Sec/Treas

Elise N. Allen, Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/11/09

Daytime Phone # 941-746-6196

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 29 AM 9:18

200157176042
07/09/09--01036--004 **175.50

200157176042
06/15/09--01048--017 **17.00
10/25/06 01041 010 *236.25
REINSTATEMENT 06-09

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

04/25/1980

5. FEI Number

59-2252716

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.