PLEASE READ	ALL INSTRI	UCTIONS	BEFORE C	OMPLET	ING THIS F	ORM.	
APPLICATION FOR REINSTATEMENT	Sar 	DEPARTMEN ndra B. Mort ceretary of Si ION OF CORPOR	ate	10		. თ	
DOCUMENT # J237. 1. Corporation Name VALUE CARPE 3973 5. ACCES ENGLEWOOD, FA Principal Place of Business 3973 S. ACCE ENGLEWOOD, If above addresses are incorrect in any way, line the	t, INC. S RD. 34224 Mailing Address S S R F L REINST Ough Incorrect inform	ATEMINATION and enter or		-98_		SECHETARY OF STATE SECHETARY OF STATE	
New Principal Office Address, If Applicable Suite, Apt. #, etc.			pplicable 4. Date Incorporated or Qualified To Do Business in Florida			1	
City & State				5. FEI Number	696378		Applied For Not Applicable
Zip Country	Zip	ip Country		6. CERTIFICATE OF STATUS DESIRED (to a Certificate of			ditional Fee required
,7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors		Offic	Officer and/or Director (Do NOT Use Post Office Box Nu		4	City / State / Z	ip
P FAYE LEE 291		91 ROTONDA Ci		iR.	ROTONDA	WEST	FL. 33947
ST Robert WEAVER	sr. 2	191 ROTO	NDA	LIR.	ROTONDA	west,	F1. 33947
C MICHAEL LEE, Sr. 291 ROTONDA CIR. ROTONDA WEST, F1. 33						1. 33847	
				3(00020 -07/28/ ***150	SO O4 7980100 00.00 **	73-002 *1500.00
8. Name and Address of Current Registered Agent MICHAEL F. LEE, S.C.			9. Name and Address of New Registered Agent Name FAYE LEE				
			Street Address (P.O. Box Number is Not Acceptable) 291 ROTONDA CIR.				
291 ROTONDA CIR. ROTONDA WEST, FL. 33947 Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) 291 ROTONDA CIR. Suite, Apt. #, Etc.							
City ROTONDA WEST FL 33947							
10. I sping appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registers Agent Section 607.0505, F.S. Date 6-4-98 REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (See other side for information on intangible tax.)							
12. 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: FAYE LEE Jayy See 6-4-98 941-474-277/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daylime Phone #							