

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:58

DOCUMENT # L04000007885

1. Limited Liability Company's Name

Valley Holdings, LLC

100143190231
02/09/09--01055--021 **793.75 ✓

CR2E041 (10/08)

2005

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

2245 Whitfield Industrial Way

Suite, Apt. #, etc.

Unit 4

City & State

Sarasota, FL

Zip

34243

Country

U.S.A.

3. Mailing Office Address

6306 Glen Abbey Lane

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34202

Country

U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/29/2004

6. FEI Number
59-3781253

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Greg A. Valley

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

6306 Glen Abbey Lane

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Greg A. Valley
REGISTERED AGENT MUST SIGN

Date February 2, 2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Greg A. Valley	6306 Glen Abbey Lane	Bradenton, FL 34202

REINSTATEMENT 05-09-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Greg A. Valley

Date 2/2/2009

Daytime Phone # (941) 726-0640

Typed or printed name of signing Managing Member/Manager Greg A. Valley