


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

SECRET - FILED
DIVISION OF STATE
05 DEC 22 AM 8:26

DOCUMENT #

1. Limited Liability Company's Name

VALEK INSURANCE & BONAC LLC
LO4000030172

100062353851
12/22/05--01033--005 **100.00

CR2E041 (8/05)

2. Principal Office Address 8556 TRIONFO AVE Suite, Apt. #, etc. City & State NORTH PORT FL Zip 34287 Country SARASOTA		3. Mailing Office Address Suite, Apt. #, etc. City & State Same Zip Country	
---	--	---	--

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/12/2004	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name RAMAZAN KERIMI			
Street Address (P.O. Box Number is Not Acceptable) 8556 TRIONFO AVE 06/02/05 90520 020 \$50.00			
Suite, Apt. #, Etc.			
City NORTH PORT		State FL	Zip Code 34287

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 Ramazan Kerimi	Date 12/19/05
REGISTERED AGENT MUST SIGN	

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
MGRM	RAMAZAN KERIMI	8556 TRIONFO AVE	NORTH PORT, FL 34287

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 Ramazan Kerimi		Date 12/19/05	Daytime Phone # 941-423-8935
Typed or printed name of signing Managing Member/Manager			