

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 08000013974

1. Limited Liability Company's Name

VAL SON REALTY, LLC

09

FILED
09 OCT 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900162079889
10/23/09--01040--005 **238.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 14508 TALAPO LANE		3. Mailing Office Address 14508 TALAPO LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32837	Country USA	Zip 32837	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 02/07/2008	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name PASCUAL VALENCIA			
Street Address (P.O. Box Number is Not Acceptable) 14508 TALAPO LANE			
Suite, Apt. #, Etc.			
City ORLANDO	State FL	Zip Code 32837	

☐ 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

Pascual Valencia

REGISTERED AGENT MUST SIGN

Date 10/20/09

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	PASCUAL VALENCIA	14508 TALAPO LANE	ORLANDO, FL 32837
MGRM	ANNE DIADATTO	23 ELMWOOD PL	CONTERREACH, NY 11720
MGRM	DIANE PENROD	154-11 29TH AVE.	FLUSHING, NY 11354
MGRM	PATRICK VALENCIA	154-11 29TH AVE.	FLUSHING, NY 11354
REINSTATEMENT 2009 n/c 10/28/09			

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

Pascual Valencia

Date 10/20/09

Daytime Phone# 718.938.1542

Typed or printed name of signing Managing Member/Manager

PASCUAL VALENCIA