

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 23 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400102648994  
05/16/07--01040--020 \*\*297.50

DOCUMENT # **N05203**

1. Corporation Name

**VALCRON, INC.**

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

**521 CROSS ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 510524**

Suite, Apt. #, etc.

City & State

**PUNTA GORDA**

Zip Country

**33951 CHARLOTTE**

City & State

**PUNTA GORDA**

Zip Country

**33951 CHARLOTTE**

**REINSTATEMENT** **06-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/18/1984**

5. FEI Number

**90-0191290**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MOORE, ROBERT J**

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

**3111 BUTTERNWOOD PLACE**

Suite, Apt. #, Etc.

City

**PUNTA GORDA**

State

**FL**

Zip Code

**33950**

☐ 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.

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

**Robert J. Moore**

REGISTERED AGENT MUST SIGN

Date **APRIL 19, 2007**

**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	JAMES CRAWFORD	1615 BAL HARBOR CT	PUNTA GORDA, FL 33950
VPD	ALBERT DI SESSA	26370 FEATHERSOUND DR	PUNTA GORDA, FL 33959
SD	DONALD DEBAULT	544 LINDLEY TERR	PORT CHARLOTTE, FL 33952
TD	GALEN PRICE	26305 SEMINOLE LAKE BLVD	PUNTA GORDA, FL 33958
D	JOE EGAN	1000 KINGS HIGHWAY #478	PORT CHARLOTTE, FL 33980
D	EUGENE KLARA	26455 EUROPA LANE	PUNTA GORDA, FL 33983

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GALEN PRICE**

**4/17/07**

Daytime Phone #

**991 575 6071**

**204/27**