

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111720

1. Corporation Name

American Valet Inc.

1221 se 12th terrace
1221 se 12th terrace

2. Principal Office Address

1221 se 12th terrace

3. Mailing Office Address

1221 se 12th terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

deerfield beach

City & State

deerfield beach

Zip

33441

Country

usa

Zip

33441

Country

usa

4. Date Incorporated or Qualified

To Do Business in Florida 11-26-2001

5. FEI Number

65-1156172

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

Michael O'Shields

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

1221 se 12th terrace

Suite, Apt. #, Etc.

City

deerfield beach

State

FL

Zip Code

33441

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

Michael O'Shields

Date 12-14-04

REGISTERED AGENT MUST SIGN

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
pstd-	Michael O'Shields	1221 se 12th terrace	Deerfield Beach Fl, 33441
v	Noelle Gardner	1221 se 12th terrace	Deerfield Beach Fl, 33441

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 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:

Michael O'Shields

Michael O'Shields

12-14-04

786-236-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)