

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 16 AM 8:00

DOCUMENT # **P02000020791**

1. Corporation Name

VALENCY ASSOCIATES INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

9858 GLADES RD. #225
BOCA RATON FL 33434

9858 GLADES RD. #225
BOCA RATON FL 33434



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

81-0557676

Applied For

City & State

City & State

81-0557676

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	VALENCY, SHERYL	9858 GLADES RD. #225	BOCA RATON FL 33434

500029125125
02/20/04--01028--004 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALENCY, SHERYL
9858 GLADES RD. #225
BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Sheryl Valency

REGISTERED AGENT MUST SIGN

Date

1/7/04

11. 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:

Sheryl Valency

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

Date

501-948-3468

Daytime Phone #

CR2E040 (7/03)

202

Valency Associates

January 8, 2004

To whom it may concern,

As per my conversation with an examiner named Ruby on January 8th, I am writing this letter is in reference to the UBR document for 2003 which was not received. Please waive the reinstatement fee, and find the enclosed check in the amount for \$300.

Thank you for your understanding.

Sheryl Valency

Principal

Valency Associates

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A handwritten signature in cursive script, appearing to read "Sheryl Valency", is written over a horizontal line.