PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 30 AM 8:00

DOCUMENT # P02000057196

1. Corporation Name

Del Valle's Trade Exchange, Inc.

100041492321
09/30/04--01036--001 **750.00

~~09/30/04 01036--001 **750.00~~

8/25/03 90110036 *150.00

2. Principal Office Address	3. Mailing Office Address
1015 SE Fort King St.	1015 SE Fort King St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Ocala, FL	City & State Ocala, FL
Zip 34471 Country USA	Zip 34471 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2002

5. FEI Number 74-3057070 ☐ 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: Harvey DelValle

Street Address (P.O. Box Number is Not Acceptable): 727 SE 6th St.

Suite, Apt. #, Etc.:

REINSTATEMENT 03-04

City: Ocala State: FL Zip Code: 34471

MRS

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 _____ Date 9/29/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Harvey Del Valle	727 SE 6th St.	Ocala, FL, 34471

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: _____ Harvey DelValle 9/29/04 352-401-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #