

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 14 A 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300159602783
08/14/09--01050--007 **450.00

CR2E081 (12/08)

DOCUMENT # P02000067668

1. Corporation Name

VALMARC SERVICES, INC.

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

5202 5TH STREET WEST

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33971

Country

USA

3. Mailing Office Address

5202 5TH STREET WEST

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33971

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2002

5. FEI Number
030459454

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

METRO BUSINESS AGENCY, INC.

Street Address (P.O. Box Number is Not Acceptable)
4460 CLEVELAND AVE

Suite, Apt. #, Etc.
E

City
FORT MYERS

State
FL

Zip Code
33901

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

Stana Souza

Date 08/13/2009

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
PD	VALDECIO SOUZA	5202 5TH STREET WEST	LEHIGH ACRES FL 33971
VP	SONIA M SOUZA	5202 5TH STREET WEST	LEHIGH ACRES FL 33971
D	RAFAEL SOUZA	5202 5TH STREET WEST	LEHIGH ACRES FL 33971

REINSTATEMENT

07-09 *all*

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:

Valdecio Souza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/2009

Date

(239) 410-3210

Daytime Phone #