

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 31 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073203

1. Corporation Name

VALERIE NICOLE, INC.

**REINSTATEMENT** 03

2. Principal Office Address

3211 BAY TO BAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

Country

33629 USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

76-075757

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

VALERIE N. CUNNINGHAM

500024331475

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

3211 BAY TO BAY BLVD.

10/31/03-01043-019 \*\*150.00

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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

Valerie N. Cunningham

Date

10/28/02

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
P.D.	VALERIE N. CUNNINGHAM	3211 BAY TO BAY BLVD.	TAMPA, FL 33629

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:

Valerie N. Cunningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

(813) 837-8808

Daytime Phone #

CR2E081 (10/02)

**Valerie Nicole, Inc.**  
**3211 Bay To Bay Blvd., Tampa, Florida 33629**

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October 28, 2003

**Division of Corporations**  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: 2003 – Uniform Business Report / Document #: P02000073203**

Dear Sirs:

During the process of reviewing our records we noticed that we had not received our Corporate annual report. Our correct mailing address is on the attached UBR.

Enclosed is a check for \$150. We respectfully request that you accept this report and payment of our fee.

Sincerely,



**Valerie Nicole Cunningham**  
**President / Director**

VNC/jq