

2008 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|---------|--|---|--|--|--|
| DOCUMENT # P02000097887 1. Entity Name VALOR RESTAURANTS, INC. | | | | | | FILED 08 AUG 27 PM 11: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 07-08 | |
| Principal Place of Business 1213 N PALM AVE SARASOTA, FL 34236 | | | | Mailing Address 1213 N PALM AVE SARASOTA, FL 34236 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 02-0642471 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A. 1819 MAIN STREET SUITE 610 SARASOTA, FL 34236 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS ZAKARIAN, JOHN 1213 N PALM AVE SARASOTA, FL 34236 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 400135006384 08/27/08--01031--003 **300.00 </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WAYS GORDON M 1213 N PALM AVE SARASOTA, FL 34236 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | John Zakarian Date: 8-15-08 <small>Daytime Phone #</small> | | | |