

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000105919

1. Corporation Name

DAVID VALLE TRUCKING, INC.

Principal Place of Business

2611 QUARTERDECK CT.
KISSIMMEE FL 34743

Mailing Address

2611 QUARTERDECK CT.
KISSIMMEE FL 34743



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

2. New Principal Office Address, If Applicable

David Valle
Suite, Apt. #, etc.
H APT

3. New Mailing Office Address, If Applicable

David Valle
Suite, Apt. #, etc.
H APT

City & State

KISSIMMEE FL 34744

Zip

34744

Country

Osceola

City & State

KISSIMMEE FL 34744

Zip

34744

Country

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2002

5. FEI Number

33-1017953

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VALLE, DAVID A	2611 QUARTERDECK CT.	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

VALLE, DAVID
2611 QUARTERDECK CT.
KISSIMMEE FL 34743

9. Name and Address of New Registered Agent

Name

David Valle

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

1107 COBBLESTONE CIR

Suite, Apt. #, Etc.

H APT

City

KISSIMMEE

State

FL

Zip Code

34744

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

REGISTERED AGENT MUST SIGN

Date

10/22/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03 321 (624-7039
407 (994-2269

Daytime Phone #

CR2040 (7/03)