

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130657

1. Corporation Name

Great Valley Incorporate.

2. Principal Office Address

3227 SW. 25th Dr.

Suite, Apt. #, etc.

APT #1

City & State

Gainesville - Florida

Zip

32608

Country

U.S.A

3. Mailing Office Address

3227 SW, 25th Dr.

Suite, Apt. #, etc.

APT #1

City & State

Gainesville - Florida

Zip

32608

Country

U.S.A.

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

12-10-2002

5. FEI Number

84187144

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

Orlando Jose' De La Llana

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

3227 SW. 25th Dr.

Suite, Apt. #, Etc.

APT 1 Gainesville

City

Gainesville

700081822337

11/15/06 01849 004 **300.0

FL. 32608.

State

FL

Zip Code

32608

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-14-2006

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
<u>Pres.</u>	<u>Orlando De la Llana.</u>	<u>3227 SW. 25th Dr. APT 1</u>	<u>Gainesville FL. 32608.</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2006

Date

(352) 284-31-46

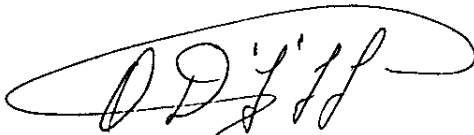
Daytime Phone #

11-14-2006

To whom it may concern;

This letter is in regards to my reinstatement fee that I am now paying. I am submitting the information and money that has been requested by your office. I am also writing to see if there is any way that the \$600.00 penalty that is also being requested can be waived, due to the fact that I never received a post card notice telling me of the cancellation or dissolution penalty I would need to pay. Thank you so much for your help. If you have any further questions please call me at 352-284-3146

Sincerely:

A handwritten signature in cursive script, appearing to read 'O. De La Llana', enclosed within a large, loopy oval flourish.

Orlando De La Llana

11-14-2006
Great Valley Incorporate.