


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000130657

1. Entity Name
GREAT VALLEY INC.



FILED
08 JAN 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3227 SW 25TH DR
APT #1
GAINESVILLE, FL 32608**

Mailing Address
**3227 SW 25TH DR
APT #1
GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #
**3216 S.W. 26th Way
Apt. B**

3. Mailing Address
SAME

Suite, Apt. #, etc.
Apt. B

City & State
Gainesville, FL

Zip
32608

Country

REINSTATEMENT
01232008
4. FEI Number
84-1387144

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DE LA LLANA, ORLANDO
3227 SW 25TH DR
APT #1
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3216 S.W. 26th Way - Apt. B
Gainesville, FL Zip Code **32608**

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.

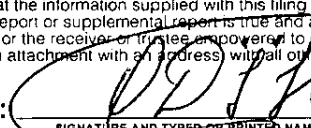
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P DE LA LLANA, ORLANDO 3227 SW 25TH DR, APT 1 GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3216 S.W. 26th Way - Apt. B Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900115903629 01/23/08--01039--014 **300.00
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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:  **01-22-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #