

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000120381

1. Corporation Name

VALENTINO'S APARTMENT, INC.

2. Principal Office Address - No P.O. Box #

17417 Marsh Road

3. Mailing Office Address

17417 Marsh Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

REINSTATEMENT 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2003

5. FEI Number

☐ 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

Alberto A. Aponte

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

17417 Marsh Road

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

700188049257
11/23/10--01005--004 **\$900.00

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

Alberto A. Aponte

Date **11/12/2010**

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	Alberto A. Aponte	17417 Marsh Road	Winter Garden, FL 34787
T	Lottiener Aponte	17417 Marsh Road	Winter Garden, FL 34787

10. E-mail Address: **Jeannie1466@aol.com**

(To be used for future annual report notification)

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, I further certify, 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:

Alberto A. Aponte

Alberto A. Aponte, Pres. 11/12/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-516-8909
Daytime Phone #

11/23/10