

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 10:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100111195581
10/23/07--01021--005 **300.00

DOCUMENT #

P05000037786

1. Corporation Name

Valentine Trading & Realty

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

3320 Delray Bay Drive

3. Mailing Office Address

Suite, Apt. #, etc.

314

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Zip
33483

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

73-1730858

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
Zachary Valentine

Street Address (P.O. Box Number is Not Acceptable)
3320 Delray Bay Drive

Suite, Apt. #, Etc.

314

City
Delray Beach

State
FL

Zip Code
33483



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **October 19, 2007**

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	Zachary Valentine	3320 Delray Bay Drive, #314	Delray Beach, FL 33483

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

October 19, 2007 954-642-0002

Date

Daytime Phone #