

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000162183	
1. Entity Name V.F. GENERAL MAINTENANCE, INC.	



FILED
06 OCT 17 PM 2:57

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3400 SPRINGDALE BLVD., APT. 101 PALM SPRINGS, FL 33461	Mailing Address 3400 SPRINGDALE BLVD., APT. 101 PALM SPRINGS, FL 33461
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10132006 REIN-P CR2E098 (1705) **26**

4. FEI Number 16-1744841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALENZUELA, MARIO 3400 SPRINGDALE BLVD., APT. 101 PALM SPRINGS, FL 33461		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENZUELA, MARIO 3400 SPRINGDALE BLVD., APT. 101 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080933353 10/18/06--01007--008 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mario Valenzuela 10/13/06 (561) 965-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *