


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -8 PM 2:53

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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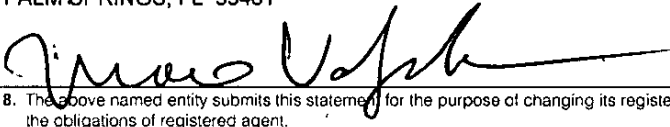


2. Principal Place of Business - No P.O. Box # 300 N HWY A1A Suite, Apt. #, etc. B10 G #106	3. Mailing Address PO BOX 32642 Suite, Apt. #, etc.
City & State Jupiter FL Country PBC	City & State P B G FL 33420 Zip 33420 Country PBC

03312008 REIN-P CR2E098 (1/07)

4. FEI Number  
16-1744841  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent VALENZUELA, MARIO 3400 SPRINGDALE BLVD., APT. 101 PALM SPRINGS, FL 33461 		7. Name and Address of New Registered Agent Name Eka Valenzuela Street Address (P.O. Box Number is Not Acceptable) 3400 Springdale Blvd Apt 101 City Palm Springs FL Zip Code 33461	
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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 \_\_\_\_\_ (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.
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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 900128801689 05/08/08--01010--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALENZUELA, ANGELA E 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 REINSTATEMENT 07-08
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
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 900128801689 05/08/08--01010--019 **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:  4-6-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/12/08