## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									08 NOV 17 PM 4: 15				
DOCUMENT # P06000125696  1. Corporation Name									ALLAHASSEE, FLORIDA				
Valerie M. Interiors, Inc. ■													
350 South County Road Suite, Apt. #, etc. Suite 104 Site State Palm Beach, FL Pa				3. Mailing Office Address 350 South County Road Suite, Apt. #, etc. Suite 104 City & State Palm Beach, FL Zip Country				##300.00  11/17/0801069012 **300.00  05/05/15/05/05/05/05/05/05/05/05/05/05/05/05/05					
33480	ı	USA	١		33480		USA			CERTIFICATE OF STATUS DESIDED ./		RED 🗸 58.75	Additional Fee required a Certificate of Status
Name and Address of Current Regist Name Frank P. Patricolo Street Address (P.O. Box Number is Not Acceptable) 350 South County Road Suite, Apt. #, Etc. Suite 104 City Palm Beach						State Zip Code FL 33480			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 proporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date November 12, 2008			
9. Names	s and Street A	dresses	of Each Offic	cer and	or Director (Flo	orida nonpro	fit corpo	rations must	list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address o Officer and/or D								/ Zip	
Pres.	Valerie M. Tatalovich				350 South County Roa				d Ste 104 Palm Beach, FL 33480-4492				
V. P.	Valerie M. Tatalovich					350 South County Roa				d Ste 104 Palm Beach, FL 33480-4492			
Sec.	Valerie M. Tatalovich					350 South County Roa			d Ste 104	Palm Be	ach, FL 3	3480-4492	
Treas	Valerie M. Tatalovich					350 South County Road			d Ste 104	Palm Be	ach, FL 3	3480-4492	
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 filling 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: Valerie M. Tatalovich November 11, 2008 561.833.3855													

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