


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

10 MAR 26 AM 11:40

DOCUMENT # **P 09000055304**
 1. Corporation Name **Valued Auto whole sale Inc.**

500170696135
 02/26/10--01043--021 **150.00

2. Principal Office Address - No P.O. Box #
5853 Haines Rd No.
 Suite, Apt. #, etc.

3. Mailing Office Address
908 Blackpine CT
 Suite, Apt. #, etc.

City & State
St. Petersburg FL
 Zip **33714** Country **Pineale**
Rockledge FL
 Zip **32955** Country **BREVARD**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-3738552** 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 **Frank Bielozemski**
 Street Address (P.O. Box Number is Not Acceptable)
5853 Haines Rd N St Petersburg
 Suite, Apt. #, Etc.
 City **St Petersburg** State **FL** Zip Code **33714**

☐ 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 **Frank Bielozemski** Date **2-23-2010**
 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	Bornet Clark	5853 Haines Rd N	St Petersburg 33714
		B 3/24/10	

10. E-mail Address: _____
 (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 **Bornet Clark** 2-23-2010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #