

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P09000066391		
1. Entity Name VAL-AL XPRESS INC		

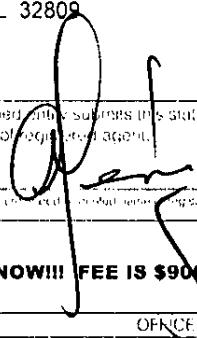
Principal Place of Business 6750 OMAN CT ORLANDO, FL 32809 US	Mailing Address 6750 OMAN CT ORLANDO, FL 32809 US
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2. Principal Place of Business - No P.O. Box # 803 W Birchwood Circle	3. Mailing Address 803 W Birchwood Circle
State, Apt. #, etc.	State, Apt. #, etc.

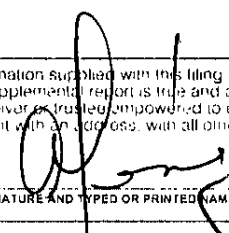
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34743	Zip 34743
Country DSC00LA	Country DSC00LA

6. Name and Address of Current Registered Agent PEREZ, ALEXIS 6750 OMAN CT ORLANDO, FL 32809	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 803 W Birchwood Circle City Kissimmee FL Zip Code 34743	
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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 	DATE 407-936-4606

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE P NAME PEREZ, ALEXIS STREET ADDRESS 6750 OMAN CT CITY ST ZIP ORLANDO, FL 32809	☐ Delete	TITLE ☒ Change ☐ Addition NAME 803 W Birchwood Circle STREET ADDRESS Kissimmee FL 34743	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
REINSTATEMENT		300195585323 02/22/11--01002--016 **900.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 667, 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: 	DATE 2-23-11 407-936-4606

FILED

11 FEB 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02222011 REIN-P CR2E098 (1/07)

4. FEI Number
27.0684880

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

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT

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