2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P09000066391

1. Entity Name
VAL-AL XPRESS INC

FILED
11 FEB 22 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02222011 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
6750 OMAN CT ORLANDO, FL 32809 US	6750 OMAN CT ORLANDO, FL 32809 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
803 W Birchwood circle	803 W Birchwood Circle
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Kissimmee FL.	City & State: Kissimmee FL.
Zip: 34743 Country: Osceola	Zip: 34743 Country: Osceola

4. FEI Number: 27-0684880 ☐ Applied For ☐ Not Applicable

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

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

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, my position as registered agent.

SIGNATURE: _____ 407-936-4606
Signature of new registered agent, if any (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PEREZ, ALEXIS 6750 OMAN CT ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 803 W Birchwood circle 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 300195585323 02/22/11--01002--016 **900.00
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	24	☐ 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 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: _____ 2-23-11 407-936-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #