

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000016330

FILED
Jul 09, 2014
Secretary of State

Entity Name: VALIANT RECOVERY CORP.

Current Principal Place of Business:

101 W. TARPON BLVD.
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

101 W. TARPON BLVD.
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 99-0373537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDBACK, CHUCK
2240 LION TERRACE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHUCK LINDBACK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DOCKRILL, ROYCE
Address: 116-7841 HWY 97N
City-St-Zip: KELOWNA, B.C., CANADA, OC V4V 1E7 OC

Title: P
Name: DOCKRILL, ROYCE
Address: 116-7841 HWY 97N
City-St-Zip: KELOWNA, B.C., CANADA, OC V4V 1E7 OC

Title: D
Name: DOCKRILL, LEEANN
Address: 116-7841 HWY 97N
City-St-Zip: KELOWNA, B.C., CANADA, OC V4V 1E7 OC

Title: S
Name: DOCKRILL, LEEANN
Address: 116-7841 HWY 97N
City-St-Zip: KELOWNA, B.C., CANADA, OC V4V 1E7 OC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROYCE DOCKRILL

D

07/09/2014

Electronic Signature of Signing Officer or Director

Date