

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

97 OCT -1 PM 2:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **P93000047683**

1. Corporation Name

VALCO INC. D/B/A CHANGES
 Principal Place of Business Mailing Address

**5395 N.W. 165TH ST
 MIAMI FL 33014**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 94-97

4. Date Incorporated or Qualified To Do Business in Florida	6/30/93
5. FEI Number	65-0419321
	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	DAVID VALANCY	5395 NW 165TH ST	MIAMI FL 33014
V.P.	SETH VALANCY	5395 NW 165TH ST	MIAMI FL 33014
			200002310622--0 -10/02/97--0119--010 ***1245.00 ***1245.00
			200002310622--0 -10/02/97--0119--011 *****8.75 *****8.75
			DAVAL

8. Name and Address of Current Registered Agent

**DAVID VALANCY
 5395 NW 165TH ST.
 MIAMI FLA 33014**

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **David Valancy** Date **9/29/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: **David Valancy** Date **9/29/97** Daytime Phone # **305-624-1200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (12/96)