

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049982**

1. Corporation Name

Valcrest, Corp

700024101507
10/27/03--01018--001 **300.00

2. Principal Office Address

11309 NW 59 Terr
Suite, Apt. #, etc.

3. Mailing Office Address

11309 NW 59 Terr
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33178

Zip

33178

Country

USA

Zip

33178

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0432736

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

Bocock, Hector

Street Address (P.O. Box Number is Not Acceptable)

11309 NW 59 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date **9/5/03**

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
DP	Bocock, Hector	11309 NW 59 Terr	Miami FL 33178
DS	Bocock, Patricia	11309 NW 59 Terr	Miami FL 33178

10. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 305 725 6415

Date

Daytime Phone #

CR2001 (9/99)

August 29, 2003

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Valcrest Corp
Document Num: P93000049982

Dear Sirs:

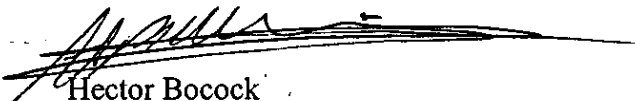
This letter is in regarding the annual report of the above mention company.

I am respectfully requesting the abatement of the reinstatement fees. Since the corporation moved from the previous address 1536 Trillo Avenue Coral Gables FL 33146 to my new address 11309 NW 59 Terrace Miami, FL 33178 and when it was time to file the report I did not received the form.

Please review the above circumstance and abate the penalty. I will make the payment on time from now on and notify you of any shall that might occur. Enclosed is an original reinstatement report and a check payable to the Department of State of \$300.00

Thanks for your prompt attention to this matter.

Cordially,



Hector Bocock
President