

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 NOV 21 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT # P93000082679</b>				
1. Corporation Name <b>VALTEC CONSTRUCTION, INC.</b>				
Principal Place of Business <b>2697 NW 95 AVE CORAL SPRINGS FL 33065 US</b>		Mailing Address <b>2697 NW 95 AVE CORAL SPRINGS FL 33065 US</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, if Applicable <b>10956 NW 13th Ct.</b> Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable <b>934 N. University Dr.</b> Suite, Apt. #, etc. <b>Suite 215</b>		4. Date Incorporated or Qualified To Do Business In Florida <b>12/03/1993</b>
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		5. FEI Number <b>65-0456314</b>
Zip <b>33071</b>	Country <b>US</b>	Zip <b>33071</b>	Country <b>US</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 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	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
D	VALINOTTI, ANTHONY	2697-NW 95 AVE 10956 NW 13th Ct.	CORAL SPRINGS FL	
<del>X</del>	<del>VALINOTTI, TIMOTHY</del>	<del>1051 W BROWARD BLVD #305</del>	<del>PLANTATION FL</del>	
<b>REINSTATEMENT '97</b> SC11-21-97 <b>800002358158--2</b> <b>-11/26/97--01090--003</b> <b>****750.00 ****750.00</b>				
8. Name and Address of Current Registered Agent <b>VALINOTTI, ANTHONY</b> <b>2697 NW 95 AVE - 10956 NW 13th Ct.</b> <b>CORAL SPRINGS FL 33071</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) <b>10956 NW 13th Ct.</b> Suite, Apt. #, Etc. City <b>Coral Springs</b> State <b>FL</b> Zip Code <b>33071</b>	
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 <i>Anthony Valinotti</i> Date <b>10/24/97</b> REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 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)(f), 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: <i>Anthony Valinotti</i>		Date <b>10/24/97</b> Daytime Phone # <b>(954) 644-5468</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CFR2040 (9/97)