

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JUL 19 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Archer Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P94000021074*

**1. Corporation Name**

*H. HARRISON VALENTINE, INC*

**2. Principal Office Address**

*3170 NW 48th STREET*

Suite, Apt. #, etc.

City & State

*Miami, FL*

Zip

*33142*

Country

**3. Mailing Office Address**

*PO Box 2311*

Suite, Apt. #, etc.

City & State

*Montgomery Village, MD*

Zip

*20886-2311*

Country

*USA*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000004494610--1

-07/25/01--01013--006

\*\*\*\*300.00 \*\*\*\*300.00

**7. Name and Address of Current Registered Agent**

Name

*H. HARRISON VALENTINE*

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

*3170 NW 48th STREET*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33142*

**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

*H. Harrison Valentine*

Date *7-19-01*

REGISTERED AGENT MUST SIGN

**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
<i>President</i>	<i>H. HARRISON VALENTINE</i>	<i>3170 NW 48th STREET</i>	<i>Miami, Florida 33142</i>
<i>Secy</i>	<i>H. HARRISON VALENTINE</i>	<i>3170 NW 48th STREET</i>	<i>Miami, Florida 33142</i>

**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:

*H. Harrison Valentine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-19-01*

Date

*301-372-0160*

Daytime Phone #

CR2E081 (9/00)

To Whom It May Concern:

I, Alex Harrison VALENTINE, DID NOT RECEIVE LETTER DATED

MAY 25, 2000.

H. Hania Vokal