

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


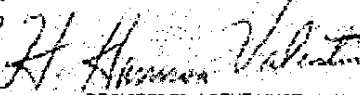
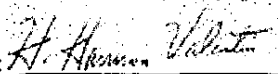
2008 APR -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500122487549

04/07/08--01044--004 **458.75

CR2E081 (12/07)

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000021074 1. Corporation Name H. Harrison Valentine, Inc.			
2. Principal Office Address - No P.O. Box # 2000 North Alafaya Trail Suite, Apt. #, etc. Suite 150 City & State Orlando FL Zip Country 32826-4741 USA		3. Mailing Office Address 8672 Delcris Drive Suite, Apt. #, etc. Suite 150 City & State Montgomery Village, MD Zip Country 20886-4377 USA	
7. Name and Address of Current Registered Agent Name Valentine, H. Harrison Street Address (P.O. Box Number is Not Acceptable) 2000 North Alafaya Trail Suite, Apt. #, Etc. Suite 150 City Orlando		4. Date Incorporated or Qualified To Do Business in Florida 3/18/1994 5. FEI Number 650475976 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. I, being appointed the registered agent, do hereby accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. <input checked="" type="checkbox"/>	
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
C	H. Harrison Valentine	2000 North Alafaya Trail, STE 150	Orlando, FL 32826
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 contained in Chapter 119, 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 3/31/2008 800-506-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

REINSTATEMENT06-08
PSS