

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -8 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021074

1. Corporation Name

H. HARRISON VALENTINE, INC

REINSTATEMENT 2002-03

2. Principal Office Address

3170 NW 48th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

33142-3419

USA

3. Mailing Office Address

8672 DELCRIS DRIVE

Suite, Apt. #, etc.

City & State

Montgomery Village, MD

Zip

Country

20886-4377

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

3-18-94

5. FEI Number

05-0475976

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

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

33142-3419

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 10-8-03

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
President	H. HARRISON VALENTINE	3170 NW 48th STREET	MIAMI, FL
			600023639546 10/08/03-01007-003 **943.75

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 (H. HARRISON VALENTINE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

800-506-8855

Daytime Phone #

CR2E081 (10/02)