

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR -3 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072572

1. Corporation Name

VALANTIS, INC.

Principal Place of Business

~~100 CORONADO DRIVE~~  
~~CLEARWATER FL 34620~~

Mailing Address

~~100 CORONADO DRIVE~~  
~~CLEARWATER FL 34620~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

213 Gulf Boulevard  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

213 Gulf Boulevard  
Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip  
33785

Country  
USA

City & State

Indian Rocks Beach, FL

Zip  
33785

Country  
USA

4. Date incorporated or Qualified  
To Do Business in Florida

09/20/1995

5. FEI Number

59-3358792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

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
1	2	3	4
-D- DP	BRINIAS, GABRIEL	<del>100 CORONADO DRIVE</del> 213 Gulf Boulevard	<del>CLEARWATER FL 34620</del> Indian Rocks Beach FL 33785

4/10/98

4000002481994--4  
-04/08/98-01009-010  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

~~TINGRIDES, STAVROS ESQ.~~  
~~800 NORTH BELCHER ROAD, SUITE 4~~  
~~CLEARWATER FL 34625~~

9. Name and Address of New Registered Agent

Name

Gabriel Brinias

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

213 Gulf Boulevard

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

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

*Gabriel Brinias*

REGISTERED AGENT MUST SIGN

Date 4-1-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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)(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:

*Gabriel Brinias* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-98

Date

(813) 595 4400

Daytime Phone #