

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV -2 PM 4: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000048835**

1. Corporation Name

Valadan, Inc.

500162393085  
11/02/09--01034--014 \*\*1950.00

2. Principal Office Address - No P.O. Box #

3325 Griffin Rd

3. Mailing Office Address

3325 Griffin Rd

Suite, Apt. #, etc.

262

Suite, Apt. #, etc.

262

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 6, 1996

5. FEI Number  
58-2246644

☒ 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

John Flanagan

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

3325 Griffin Rd

Suite, Apt. #, Etc.

262

City

Fort Lauderdale

State

FL

Zip Code

33312

☒ 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.

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

*Tim McCond*

Date

*10/25/09*

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	John Flanagan	3325 Griffin Rd #262	Fort Lauderdale FL 33312
VP	TIM McCOND	3044 SW 54TH ST	FORT LAUDERDALE 33312

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:

*Tim McCond* TIM McCOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/25/09*

Date

*954 962 6453*  
*619 455 4897*

Daytime Phone #

*11/20*