

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -5 AM 5:29

**DOCUMENT #** P96000068729

**1. Corporation Name**

VALUE PROPERTIES, INC.

**2. Principal Office Address**

6023 26th St. W, Box 213

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

Bradenton, FL

**Zip**

**Country**

34209

US

**Zip**

**Country**

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

**5. FEI Number**

65-0690908

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

DO-a

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

**Name**

D.T. Matthews

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

1720 Manatee Avenue West

**Suite, Apt. #, Etc.**

Bradenton,

**City**

Bradenton,

**State**

FL

**Zip Code**

34205

**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**

REGISTERED AGENT MUST SIGN

400004649874--3

Date: Sept 15, 2001

\*\*\*\*900.00 \*\*\*\*900.00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director. | City / State / Zip    |
|--------|--------------------------------------|--|-----------------------|
| D      | Jerry Apple                          | 6023 26th St. W, Box 213                           | Bradenton, FL 34207   |
| D      | Gary Martin                          | 6023 26th St. W, Box 213                           | Bradenton, FL 34207   |
|        |                                      |  | 400004649874--3       |
|        |                                      |  | -10/23/01--01036--010 |
|        |                                      |  | ****900.00 ****900.00 |
|        |                                      |  | AD                    |

**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)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Apple, Director

Sept. 15, 2001

Date

941-920-1828

Daytime Phone #