

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000014855**

1. Corporation Name

**VALLEY REALTY INVESTMENT GROUP, INC.**

Principal Place of Business

421 NORTHLAKE BLVD. SUITE G  
NORTH PALM BEACH FL 33408

Mailing Address

421 NORTHLAKE BLVD. SUITE G  
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1998

5. FEI Number

65-0816668

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VALLEE, DANY	528 GULF RD	NORTH PALM BEACH FL 33408
			600003483686--0 -12/01/00--01087--016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

VALLEE, DANY  
528 GULF RD  
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/28/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/00 (561) 848-4444

CR2E040 (8/00)



282

10/28/00

To whom it may concern,

As of October 28<sup>th</sup>, 2000 we have never received the original or 2<sup>nd</sup> notice for the annual report/ uniform business report forms. Unfortunately there are several suites here and the mail tends to get sent to the wrong suites.

Thank you for your understanding,

A handwritten signature in black ink, consisting of a large, stylized loop followed by a long, horizontal stroke that tapers off to the right.

Dan Vallee  
President