

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P98000058836**

1. Corporation Name

VALIANT MARKETING, INC.

Principal Place of Business

Mailing Address

5051 ANDREA BLVD
ORLANDO FL 32807

5051 ANDREA BLVD
ORLANDO FL 32807

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2901 Curry Ford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

Orlando, FL

City & State

32807 ORANGE

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business In Florida

07/01/1998

SP

5. FEI Number

59-3522036

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	RENEE MORRIS	5051 Andrea Blvd. ORLANDO FL 32807	ORLANDO, FL 32807

800003061118--2
-12/06/99--01021--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, RENEE
5051 ANDREA BLVD
ORLANDO FL 32807

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 607.0605, F.S.

Signature of
Registered Agent

Renee Morris **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/1/99

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: *Renee Morris* **REQUIRED** MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/1/99

407-894-2808

Daytime Phone #