

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000005765

1. Corporation Name

VALENTINE TEMPORARY AGENCY, INC.
(for profit corporation)

W02000011849

900005492239--9

-05/08/02--01057--011

****458.75 ****458.75

2. Principal Office Address

1944 S. Conway Road

Suite, Apt. #, etc.

Suite # 8

City & State

Orlando, Florida

Zip

32812

Country

USA

3. Mailing Office Address

2855 N. Conway Road

Suite, Apt. #, etc.

Suite 205

City & State

Orlando, Florida

Zip

32812

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/99

5. FEI Number

59-3561445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 UBR

7. Name and Address of Current Registered Agent

Name

CMS INTERNATIONAL ENTERPRISES, Inc

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 400

City

Coral Gables

State

FL

Zip Code

33134

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

Carlos M. Samlut, President

Date 4/23/02

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
D	DUDARE, Olga	1944 S. Conway Rd, #8	Orlando, FL 32812

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)(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

4/24/02

Date

Daytime Phone #

CR2E081 (9/01)