

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -8 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032684

1. Corporation Name

VALRICO MOTORS, INC.

2. Principal Office Address

101 Main Street

Suite, Apt. #, etc.

Suite A

City & State

Safety Harbor, FL

Zip

34695

Country

USA

3. Mailing Office Address

101 Main Street

Suite, Apt. #, etc.

Suite A

City & State

Safety Harbor, FL

Zip

34695

Country

USA

REINSTATEMENT

00-01

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

4/09/99

5. FEI Number

59-3575967

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

Kent B. Runnells

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

101 Main Street

Suite, Apt. #, Etc.

Suite A

City

Safety Harbor

State

FL

Zip Code

34695

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

Date 6 Mar 01

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
P/D	Ranchhod N. Khant, M.D.	101 Main Street, Ste. A	Safety Harbor, FL 34695
VP/S/ T/D	Kent B. Runnells	101 Main Street, Ste. A	Safety Harbor, FL 34695
VP/D	Brian Pendola	101 Main Street, Ste. A	Safety Harbor, FL 34695

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:

Kent B. Runnells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Mar 01

Date

(727) 726-2728

Daytime Phone #

CR2E081 (9/00)