

000 UNIFORM BUSINESS REPORT (UBR)

5/3/00-90082-024-\$150.00-\$150.00

10f2

DOCUMENT # P99000042504

Entity Name

VAL OF AMERICA, INC.

FILED

00 NOV -7 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5301 CONROY RD. STE. 140 ORLANDO FL 32811	Mailing Address 5301 CONROY RD. STE. 140 ORLANDO FL 32811-3551
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2. Principal Place of Business 709 CAPE CORAL PKWY. W. Suite, Apt. #, etc.	3. Mailing Address 709 CAPE CORAL Suite, Apt. #, etc. PKWY. WEST
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City & State CAPE CORAL, FL.	City & State CAPE CORAL, FL.
Zip 33914	Country U.S.A.

4. FBI Number 593-57-6454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANE, PAUL CAMP 5301 CONROY RD. STE. 140 ORLANDO FL 32811
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7. Name and Address of New Registered Agent Name: MONIKA E. FARMAR Street Address (P.O. Box Number is Not Acceptable): 709 CAPE CORAL PKWY. W. CAPE CORAL FL Zip Code 33914
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MONIKA E. FARMAR <i>Monika E. Farmar</i> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 SCHADEK, BETHOLD MR. WINKEL 13 C.D-83881 LEGRIES GERMANY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 STADLER, THOMAS KEPLERSTRASSE 1,D-81679 MUENCHEN GERMANY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

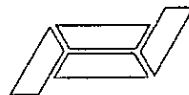
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Monika E. Farmar</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2ED04 (9/98)

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AVAL OF AMERICA REALTY

709 Cape Coral Pkwy. West
Cape Coral, Florida 33914
Phone: (941) 541-9013
Fax: (941) 541-9012
E-Mail: swflorida@aol.com

AVAL OF AMERICA

November 2nd, 2000

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of AVAL OF AMERICA, INC. - P99000042504

To whom it may concern,

As per our phone conversation, October 31st, 2000, I am attaching this letter to our application of reinstatement of above corporation. I appreciate your attention, understanding and your agreement to "re-open" the corporation, since it the original form contained basically all the necessary information, but with the FEI Number being written like a social security number, or a ITIN.

As you will find, the UNIFORM BUSINESS REPORT has been originally filed timely and with proper fees, but returned due to the FEI number - which is correct in the numeric value - but written like a social security number, or ITIN.

I was told to send in this letter, attached to the filing documents, explaining and identifying the error in order to proceed with the reinstatement of the corporation.

Attached are the following documents:

1. "Notice of Administrative Dissolution or Revocation" (Original); *copy RP*
2. Copy of Uniform Business Report, filed in April 2000;
3. Copy of Check with annual fee (front + back), dated 04/24/2000, canceled 05/02/2000 with dated conversation notes by Remy Parys, Broker and Vice President of corporation;
4. Copy of "your" letter explaining the denial of filing at that time, dated June 8th, 2000;
5. Copy of "tax payment booklet" indicating the FEI number.

Should you have any questions, or suggestions regarding this matter you may contact me anytime so we can get this case resolved in a timely manner.

I sincerely appreciate your help and wish you a great day!

Remy Parys
Broker, Vice President of AVAL of AMERICA, INC.