

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jun 13, 2002 8:00 A
Secretary of State

DOCUMENT # P99.000062999

1. Corporation Name

VALENTE, INC

2. Principal Office Address

2212 E. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3282 N. 29 Court

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

Broward

City & State

Hollywood FL

Zip

33020

Country

Broward

REINSTATEMENT 01-02

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

07/15/99

5. FEI Number

65-0939367

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee req
for a Certificate of Sta**

7. Name and Address of Current Registered Agent

Name

ETTORE MOCCI

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

3282 N. 29 Court

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

900.00-Adm

61.25-AR

88.75-ARsupp

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

ETTORE MOCCI

REGISTERED AGENT MUST SIGN

Date 06/06/2002

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
<u>Officer</u>	<u>ETTORE MOCCI</u>	<u>3282 N. 29th Court</u>	<u>Hollywood, FL 33020</u>

000005911980-0
-06/21/02-01079-015
***1050.00 ***1050.00

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:

ETTORE MOCCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/06/2002 954-9258050

Daytime Phone #