PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 02 DEC 11 PH 1: 44
DOCUMENT # 551627 1. Corporation Name		SECRETARY OF STATE TALLAHABSEE, FLORIDA
Valany Import/Expo	RT FNC.	
2. Principal Office Address #360 Northlake Blpd. Suite, Apt. #, etc.	3. Meiting Office Address 4360 No RTh lake Just. Suite, Apt. #, etc.	600009201366 11/25/0201052026 **150.00
#100	#100	4- Date Incorporated or Qualified To Do Business in Florida
Palin Beach Gardens) FL	City & State Polm Beach Dardons FL	5. FEI Number Applied For
33410 Country 1	Zip Country	6. CERTIFICATE OF STATUS DESIRED 3. \$8,75 Additional Fee required
3110	7. Name and Address of Current Register	for a Certificate of Status
Name Vew Lajeunesse Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City West, Palm Brach State Zip Code FL 33412		
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 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	or Director (Florida nonprofit corporations must list at lea Street Address of Each	
Officers and/or Directors	Officer and/or Director	City / State / Zip
P Yves Lajeuriesse) 8256 Woodsmur	Dr West Palm Brach, FC 334/2
5 NicolE VANIER	8256 Woodsmin	now West Palm beach FL334/2
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IO. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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Valany Import/Export Inc.

November 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Last Friday, I learned that Valany Import/Export Inc. was inactive. I called immediately the Department of State and they told me that the Annual Report has been returned to their office and that is why it was not completed. They informed me to fill out a reinstratement form and to send a check for \$150.00 because we did not receive the previous notice.

I hope that everything is now done accordingly. If you need more information, you can contact me at 561-694-6886, ext. 400.

Sincerely,

Nicole Vanier