

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85859

1. Corporation Name

Val-Cor Enterprises Inc.

2. Principal Office Address

5060 W. Atlantic Blvd

Suite, Apt. #, etc.

City & State

Delray beach florida

Zip

33484

Country

usa

3. Mailing Office Address

5060 W Atlantic blvd

Suite, Apt. #, etc.

City & State

delray beach florida

Zip

33484

Country

USA

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

Oct 8 1991

5. FEI Number

65-0286866

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

James R Kiser

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

1831 NE 59 CT Ft lauderdale Florida 33308

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of
Registered Agent

James R Kiser

REGISTERED AGENT MUST SIGN

Date

MARCH 03 2003

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
President	James R. Kiser	1831 N.E. 59th Ct.	Ft. Lauderdale, FL 33308

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

James R Kiser

3/3/03 954246-2791
Daytime Phone #

VAL-COR ENTERPRISES, INC.
5060 W. ATLANTIC AVE.
DELRAY BEACH, FL 33484
PHONE: 561-496-0330

March 3, 2003

Florida Department of State
Secretary of State
Division of Corporations

Re: Reinstatement Val-Cor Enterprises Inc.

Please accept this as my request to reinstate Val-Cor Enterprises, Inc. We had Moved during 2000 and did not receive our renewal notice. Perhaps there was a problem with the mail being forwarded.

The Uniform Business Reports and Corporate Annual Reports we not received for the year 2001/2002 because of the change of address.

I have enclosed the reinstatement form and a check for \$300.00. Please let me know if you need any additional information.

Yours truly,


James R. Kiser
President