

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-02

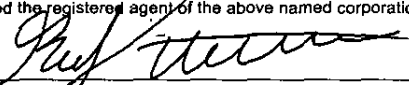
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CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S93505 1. Corporation Name VALENTINO REMODELING, INC.			
2. Principal Office Address 1845 Palm Cove Boulevard		3. Mailing Office Address 1845 Palm Cove Boulevard	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33445	Country USA	Zip 33445	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/12/1991	
5. FEI Number 65-0289528	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Vittorio, Rudolph Valentino			
Street Address (P.O. Box Number is Not Acceptable) 1845 Palm Cove Boulevard			
Suite, Apt. #, Etc. 303			
City Delray Beach		State FL	Zip Code 33445

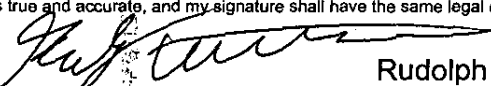
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 1/22/03

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
VP/D	Vittorio, Rudolph Valentino	1845 Palm Cove Boulevard, #303	Delray Beach, FL 33445
P/D	Mineo, Joseph	6317 Stonehurst Circle	Lake Worth, FL 33029
S	Nehila, Ron	1845 Palm Cove Boulevard, #303	Delray Beach, FL 33445
T	Cox, Kevin	1845 Palm Cove Boulevard, #303	Delray Beach, FL 33445

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:  Rudolph Valentino Vittorio Date: 1/22/03 (954) 709-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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