

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42132**

1. Corporation Name **Valley Customs, Inc.**

Principal Place of Business

Mailing Address

**3638 Lenox Ave.
Jacksonville, FL. 32254**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

3638 LENOX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL.

Zip

Country

Zip

Country

32254

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/08/92

5. FEI Number

59-3055331

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Gerry A. Dicey	1864 Buccaneer Dr.	Jacksonville, FL. 32225
Sect.	Susan A. Dicey	1864 Buccaneer Dr.	Jacksonville, FL. 32225

900002002763--5
-11/13/96--01096--010
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~XXXXXXXXXX~~ Susan Dicey
3638 Lenox Ave.
Jacksonville, FL. 32254

Name
Gerry A. Dicey

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

3638 Lenox Ave.

Suite, Apt. #, Etc.

City

Jacksonville.

State

FL

Zip Code

32254

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gerry A. Dicey

Date **11/1/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

Susan A. Dicey **Susan A. Dicey**

Date

11/1/96 725-0023

Daytime Phone