

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000046087

1. Corporation Name

VILLOCH ENTERPRISES, INC.

FILED

99 DEC -9 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024



REINSTATEMENT 09

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

2. New Principal Office Address, If Applicable
11050 OLD CUTLER RD
Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable
11050 OLD CUTLER RD
Suite, Apt #, etc.

4. Date Incorporated or Qualified To Do Business In Florida

05/23/1997

SP

City & State
Coral Gables FL
Zip
33156 Country
U.S.A.

City & State
Coral Gables FL
Zip
33156 Country
U.S.A.

5. FEI Number
65-0758750

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	VILLOCH, CHARLES A	9050 PINES BLVD. SUITE 450-F	PEMBROKE PINES FL 33024
SVD	VILLOCH, TERRIE L	9050 PINES BLVD. SUITE 450-F	PEMBROKE PINES FL 33024
			800003078778--4 -12/23/99--01007--003 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Don Gonzalez

REGISTERED AGENT MUST SIGN

Date Oct 18, 1999

11. 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:

Charles A. Villoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.20.99

Date

305 662 5684

Daytime Phone #