

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR ~~REINSTATEMENT~~

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

FILED
 01 DEC -3 PM 1:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000046087

1. Corporation Name
VILLOCH ENTERPRISES, INC.

Principal Place of Business Mailing Address

11050 OLD CUTLER RD 11050 OLD CUTLER RD
 CORAL GABLES FL 33156 CORAL GABLES FL 33156

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 Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/23/1997

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

8. Name and Address of Current Registered Agent

~~GONZALEZ, GONLEGO~~
~~9050 PINES BLVD.~~
~~SUITE 450-F~~
~~PEMBROKE PINES FL 33024~~

Charles Villoch
 11050 Old Cutler Rd
 Coral Gables, FL 33156

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 X *[Signature]* Date 10/29/01

REGISTERED AGENT MUST SIGN

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: *[Signature]* Date 10/29/01

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

CR2E040 (8/01)

CHARLES A. VILLOCH
11050 Old Cutler Road
Coral Gables, Fl. 33156

November 21, 2001

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Villoch Enterprises, Inc.
Document # P97000046087

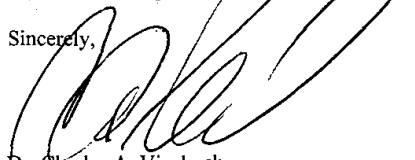
Dear Sr. or Madam:

This letter is to notify you that I did not paid my corporate annual fee before because I did not received the Annual Corporate Report.

Enclosed find a check for \$ 150.00 as per our telephone conversation. Please abate the restatement fees and restate my corporation as soon as possible.

If you have any question do not hesitate to call me at 305-858-2211

Sincerely,



Dr. Charles A. Vicchoch

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