

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT



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

98 NOV 19 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **560683**  
1. Corporation Name  
**VCO PROPERTIES, INC**

Principal Place of Business: **MIAMI, FL**  
Mailing Address: **881 Ocean Drive, Apt. 24G  
Key Biscayne, FL 33149-2604**

**REINSTATEMENT 96-98**

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

2. New Principal Office Address, If Applicable <b>c/o Antonio Gpello 881 Ocean Drive- Apt. 24G Key Biscayne, FL 33149-2604 U.S.A.</b>	3. New Mailing Office Address, If Applicable <b>c/o Antonio Gpello 881 Ocean Drive- Apt. 24G Key Biscayne, FL 33149-2604 U.S.A.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>1991</b>
5. FEI Number <b>65-0274855</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	ANTONIO GPELLO	881 Ocean Drive, Apt. 24G	Key Biscayne, FL, 33149-2604
Secretary	MARIA VICTORIA GPELLO	881 Ocean Drive, Apt. 24G	Key Biscayne, FL, 33149-2604

~~700002696107-1~~  
~~-11/25/98-01006-002~~  
~~\*\*\*1050.00 \*\*\*1050.00~~

**10/1/98**

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: <b>ANTONIO GPELLO</b>
	Street Address (P.O. Box Number is Not Acceptable): <b>881 Ocean Drive</b>
	Suite, Apt. #, Etc.: <b>Apt. 24G</b>
	City: <b>Key Biscayne</b> State: <b>FL</b> Zip Code: <b>33149-2604</b>

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: *Antonio Gpello* Date: October 9/1998  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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: *Antonio Gpello* Date: October 9/1998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)