

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED****CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAY 15 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 318598

1. Corporation Name

V G SALES CO

2. Principal Office Address

140 No. Compass Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

140 No. Compass Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

REINSTATEMENT 95-014. Date Incorporated or Qualified
To Do Business in Florida

7/01/1967

5. FEI Number

55-0493371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee Required
for each certificate of status

7. Name and Address of Current Registered Agent

Name

Stephen J. Simmons

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

321 S.E. 15th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/10/01

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
P/D	Charles Allegri	140 No. Compass Drive	Fort Lauderdale, FL 33308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/01

Daytime Phone #