


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 AUG -5 AM 8:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>387528</u>					
1. Corporation Name VVZ, Inc.					
2. Principal Office Address - No P.O. Box # 345 Puritan Road Suite, Apt. #, etc.			3. Mailing Office Address 345 Puritan Road Suite, Apt. #, etc.		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33405	Country USA	Zip 33405	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/25/1971	
				5. FEI Number 591364736	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Wendy Van Zee Banks					
Street Address (P.O. Box Number is Not Acceptable) 345 Puritan Road					
Suite, Apt. #, Etc.					
City West Palm Beach			State FL	Zip Code 33405	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>Wendy Van Zee Banks</u> Date <u>July 29, 2014</u> REGISTERED AGENT MUST SIGN					
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	Marsha Lunsford	345 Puritan Road		West Palm Beach, FL 33405	
V/D	Wendy Banks	345 Puritan Road		West Palm Beach, FL 33405	
REINSTATEMENT					
AUG 05 2014 R. HUNT					
10. E-mail Address: <u>Wendy@CMTcoatings.com and melunsford@bellsouth.net</u> (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <u>Wendy Van Zee Banks</u> 7/29/14 828-712-5918 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					