

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 AM 9:31

DOCUMENT # 672610

1. Corporation Name

VICOR SERVICES INC.

Principal Place of Business

Mailing Address

7362 S.W. 48 Street
Miami FL - 33155

REINSTATEMENT

93-99

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

4. Date Incorporated or Qualified
To Do Business In Florida

06-06-1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2008684

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T	GENTZSCHEIN, ERIC T.	7750 S.W. 72 Ter.	Miami, FL, 33143
VP/S	GENTZSCHEIN, OLGA C.	7750 S.W. 72 Ter.	Miami FL - 33143
			000003021110--6 -10/21/99--01070--034 ***150.00 ***150.00
			000003021110--6 -10/21/99--01070--034 ***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

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

GENTZSCHEIN, ERIC T.
7750 S.W. 72 Ter.
Miami FL - 33143

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

Eric T. Gentzschlein
REGISTERED AGENT MUST SIGN

Date Oct-4-99

11. This corporation owes 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., the taxes 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

Oct-4-99

Date

Daytime Phone #

305-667-9227

CR2E081 (12/98)