

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 696763

1. Corporation Name

VI HOLDING CORPORATION

Principal Place of Business

910 NYC CHECK EXPRESS
660 LEXINGTON AVE
NEW YORK NY 10022
US

Mailing Address

910 NYC CHECK EXPRESS
660 LEXINGTON AVE
NEW YORK NY 10022
US

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

2. New Principal Office Address, If Applicable

See ABOVE

3. New Mailing Office Address, If Applicable

See ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1981

5. FEI Number

59-2129640

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|--|---|-------------------------|
| PD | MIZRAHI, JOSEPH | 2751 S OCEAN DRIVE, #1601S | HOLLYWOOD FL |
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700002709667--9
-12/11/98--01004--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, LAWRENCE J
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name REBECCA FISCHER, SCHULMAN, P.A.
FISCHER & SCHULMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4651 SHERIDAN STREET
Suite, Apt. #, Etc.
SUITE #325
City HOLLYWOOD
State FL
Zip Code 33021-3449

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

Rebecca H. Fischer
REGISTERED AGENT MUST SIGN

Date 12-1-98

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)(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:

REQUIRE JOSEPH MIZRAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98 212-7501070
Date Daytime Phone #

CR2E040 (9/98)