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12 JAN -3 PM 6:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F98000003975

1. Corporation Name
V.P. REALTY HOLDING CORP.

2. Principal Office Address - No P.O. Box
89-05 138 STREET

3. Mailing Office Address
89-05 138 STREET

City & State
JAMAICA NY

Zip
11435 Country
USA

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **7/13/1998**

5. FEI Number
11-2593821

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

Street Address (P.O. Box Numbers Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0508, F.S.

Signature of Registered Agent **[Signature]** **DATE** **1-2-13**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VINCENT CHIN	89-05 138 STREET	JAMAICA / NY / 11435
S	ANGELA CHUNG	6022 SW 21 ST STREET	MIRAMAR / FL / 33023
T	CHRISTOPHER CHIN	89-05 138 STREET	JAMAICA / NY / 11435
D	PATRICA CHIN	89-05 138 STREET	JAMAICA / NY / 11435

10. E-mail Address: **rchin @ vpreccorps.com**

(To be used for future annual reports notification)

11. I certify that I am an officer or director of 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: **[Signature]** **VINCENT CHIN** **1-2-13**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Division of Corporations
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**CORPORATION REINSTATEMENT
V.P. REALTY HOLDING CORP.**

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