

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J15000

1. Corporation Name

Vickers of Central Florida

REINSTATEMENT 01-04

2. Principal Office Address

10944 SW 138 COURT

3. Mailing Office Address

10944 SW 138 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

30 DEC 03

5. FEI Number

592675327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200025969612

01/05/04--01017--008 **1208.75

7. Name and Address of Current Registered Agent

Name

WINSTON TRAPP

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

10944 SW 138 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Winston Trapp

REGISTERED AGENT MUST SIGN

Date 30 DEC 03

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	WINSTON TRAPP	10944 SW 138 COURT	MIAMI, FL 33186
D	WINSTON TRAPP	10944 SW 138 COURT	MIAMI, FL 33186
S	WINSTON TRAPP	10944 SW 138 COURT	MIAMI, FL 33186

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:

Winston Trapp

WINSTON TRAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 DEC 03 786-287-1875

Date

Daytime Phone #

CR2E001 (10/02)