

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JUL 19 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>J49376</u> 1. Corporation Name <u>V M R I N C</u>			
2. Principal Office Address <u>c/o 3250 South Dixie Hwy</u> Suite, Apt. #, etc. <u>Dixie Hwy</u> City & State <u>Miami, FL</u> Zip <u>33133</u>		3. Mailing Office Address <u>3250 South Dixie Hwy</u> Suite, Apt. #, etc. <u>Hwy, WTAU</u> City & State <u>Florida</u> Zip <u>33133</u>	

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida <u>12/22/86</u>	
5. FEI Number <u>59-2767769</u>	Applied For ☐ 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 <u>Valdimir Rosenthal</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>c/o 3250 South Dixie Hwy</u>	
Suite, Apt. #, Etc. 	
City <u>Miami, FL</u>	State <u>FL</u>
Zip Code <u>33133</u>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.	
Signature of Registered Agent 	Date <u>7/16/01</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.	V. Rosenthal	3250 So. Dixie Hwy	Miami, FL 33133
S.	V. Rosenthal	3250 So. Dixie Hwy	Miami, FL 33133

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 112.032(2)(b), 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: 	Date <u>7/16/01</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone: # <u>305-4410304</u>	