

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY -1 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K29389

**1. Corporation Name**

VIDMER VILLI, INC.

**2. Principal Office Address**

7765 S.W. 87 AVE.

**3. Mailing Office Address**

7765 S.W. 87 AVENUE

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

600005509326--8

-05/14/02--01053--017

\*\*\*\*600.00 \*\*\*\*600.00

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

07/26/1988

**5. FEI Number**

NOT APPLICABLE

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

DREW SHERIDAN

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

7765 S.W. 87TH AVENUE

Suite, Apt. #, Etc.

SUITE 102

City

MIAMI

State

FL

Zip Code

33173

**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

*Drew Sheridan*

Date

4/30/2002

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
PDT	TAMMARO, FRANK ANDREW	215H RUBENS DR. NOKOMIS	SARASOTA, FL
VP	VILLI, VIDMER	DEADMANS CAY LONG ISLAND	BAHAMAS
S	SHERIDAN, DREW	7765 SW 87 AVE., S-102	MIAMI, FL 33173

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

305-596-3368

Daytime Phone #

CR2E081 (9/01)

DREW S. SHERIDAN, ESQ.

ATTORNEY AT LAW

7765 S.W. 87TH AVENUE SUITE 102 MIAMI, FLORIDA 33173

TEL. (305) 596-3368 FAX 596-3355

April 30, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re.: Vidmer Villi, Inc.

Dear Sir or Madam:

Enclosed please find an Corporation Reinstatement application for the above referenced company and check in the amount of \$600.00 for back fees.

We ask that the penalty fee be waived as we failed to receive the renewal annual reports. Apparently the mail was not forwarded.

Your kind attention to this matter is most appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Drew Sheridan', with a long horizontal flourish extending to the right.

DREW S. SHERIDAN, ESQ.

DS:mr

encl