

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoqd
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 10 P 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008992

Name and Mailing Address

0013457 01 AT 3.292 **AUTO T9 0 0615 33543-659235



VI ENTERPRISES, LLC
1135 CRINSON CLOVER LANE
WESLEY CHAPEL FL 33543-6592



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/11/2002	
Principal Place of Business 1135 CRINSON CLOVER LANE WESLEY CHAPEL FL 33543	3. New Principal Place of Business Address City, State, Zip	6. FEL Number 81-0549743	Applied For Not Applicable
8. Name and Address of Current Registered Agent SEKAJPO, LAWRENCE D CPA 9384 N. 56TH ST. SUITE 3 TAMPA FL 33617		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date 8-10-04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	IVERSON, VINCENT D	1135 CRINSON CLOVER LANE	WESLEY CHAPEL FL 33543
MGR	IVERSON, ANDREA	1135 CRINSON CLOVER LANE	WESLEY CHAPEL FL 33543
		900040144539 08/12/04--01075--002 **150.00	
		900040144539 10/01/04--01017--003 **60.00	
		REINSTATEMENT 03-04	
		AL	
12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i> SIGNATURE REQUIRED Date 8-10-04 Daytime Phone (813) 994-1855 Typed or printed name of signing Managing Member/Manager VINCENT D. IVERSON			

CR2E034 (7/03)