

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012731

1. Limited Liability Company's Name

VPS ENTERPRISES, LLC

700137013577
10/17/08--01022--009 **282.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

5204 NW EDGARTON TER

Suite, Apt. #, etc.

City & State -

PORT ST LUCIE FL

Zip

34983

Country

USA

3. Mailing Office Address

5204 NW EDGARTON TER

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

Zip

34983

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

05/23/2002

6. FEI Number

743045124

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PHILIP SPARACINO

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

5204 NW EDGARTON TER

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34983

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date 10-15-08

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| MGR | PHILIP SPARACINO | 5204 NW EDGARTON TER | PORT ST. LUCIE FL 34983 |
| MGR | DEBRA SPARACINO | 5204 NW EDGARTON TER | PORT ST. LUCIE FL 34983 |
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REINSTATEMENT 2007, 2008

FILED
OCT 21 A 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. I certify that I am managing member/manager or 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

Date 10/15/08

Daytime Phone # 335-2800

Typed or printed name of signing Managing Member/Manager

DEBRA SPARACINO