

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017780

1. Corporation Name

VEM CAPITAL PARTNERS LLC

2. Principal Office Address

PO Box 50593

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

3. Mailing Office Address

PO Box 50593

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

73-1671501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status800023671518
10/09/03--01070--002 ***50.00

7. Name and Address of Current Registered Agent

Name

Jonathan D. Leinwand, P.A.

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

12955 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 402

City

North Miami

State

FL

Zip Code

33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date October 7, 2003

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
mgm	Steven King	PO Box 50593	Sarasota, FL 34232

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

Date

10/7/03

Daytime Phone #

941378788

CORP001 (10/02)

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VEM Capital Partners LLC.

P.O. Box 50593
Sarasota, FL 34232
(941) 379-8788

October 7, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of VEM Capital Partners LLC.

To Whom It May Concern:

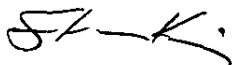
Please find the attached reinstatement form for the above referenced LLC. The Company did not receive any notice of the annual fee.

Please make a note of the correct address as noted on the form and above.

Also, please find enclosed a check for Fifty (\$50) dollars for the annual fee.

Should you have any questions or require clarification, please do not hesitate to call me.

With best regards,



Steven King
Managing Member