

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08000034810**

1. Limited Liability Company's Name

VMF Holdings, LLC

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

9633 West Broward Blvd

Suite, Apt. #, etc.

6

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

9633 W. Broward Blvd

Suite, Apt. #, etc.

Suite 6

City & State

Plantation, FL

Zip

33324

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4-7-08

6. FEI Number

26-2354880

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name

Hal Koberin

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

9470 Live Oak Place

Suite, Apt. #, Etc.

304

City

Davie

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-24-10**

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
MEM	Dr Michael Flicker	9633 W. Broward Blvd. #6	Plantation, FL 33324
MEM	Vincent Montelione	9633 W. Broward Blvd #6	Plantation, FL 33324
		S. HAWKES	
	REINSTATEMENT	JUN 30 2010	300182689503
	2009-10	EXAMINER	06/28/10--01063--008 ***377.50

11. E-mail Address: **MVA.Center@GMail.Com**

(To be used for future annual report notifications)

12. 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

[Signature]

Date **6-24-10**

Daytime Phone # **954-8350005**

Typed or printed name of signing Managing Member/Manager

Michael Flicker