

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000050478

1. Limited Liability Company's Name

V & C RENTAL PROPERTIES, LLC

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

10301 NW 36 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6940 NW 45 COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

City & State

LAUDERHILL, FLORIDA

Zip

33319

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06.2002

6. FEI Number

33-1092447

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

FILED
12 JAN 17 AM 11:04
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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01/17/12--01061--001 **377.50

8. Name and Address of Current Registered Agent

Name

CASWELL SALMON

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

6940 NW 45 COURT

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

E-mail Address:

1CaswellSalmon@bellsouth.net

(To be used for future annual report notices)

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

Caswell Salmon

Date 1.12.2012

REGISTERED AGENT MUST SIGN

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
Manager	CASWELL SALMON	6940 NW 45 COURT	LAUDERHILL FL 33319

REINSTATEMENT 2011-2012 DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Caswell Salmon

Date 1.12.2012

Daytime Phone # 954.494.1669

Typed or printed name of signing Managing Member/Manager

CASWELL SALMON