

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
VAA ENTERPRISE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50


Electronic Filing Menu

Corporate Filing Menu

Help NOV 19 2015

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 NOV 19 PM 4: 06 RECEIVED	
DOCUMENT # L13000030948					
1. Limited Liability Company's Name VAA ENTERPRISE LLC					
2. Principal Office Address - No P.O. Box # 955 Orange Ave		3. Mailing Office Address 12443 San Jose Blvd		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 02-03-2014 6. FEI Number 46-4659269 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. STE 604			
City & State Daytona		City & State Jacksonville			
Zip 32114	Country USA	Zip 32223	Country USA		
7. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name NRAI SERVICES, INC					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc. 					
City Plantation		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 605, F.S. Signature of Registered Agent <u>By: Kimberly Steinmetz</u> NRAI Services, Inc. Kimberly Steinmetz - Vice President & Assistant Secretary Date 11/19/2015 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
AR	LUTHRA, ATUL DR	11 JERSEYVILLE RD W	ANCASTER, ON L9G 1A1 CANADA		
MGR	Page Beal	12443 San Jose Blvd. STE 604	Jax, FL. 32223		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right;"> NOV 19 2015 R. HUNT </div> </div>					
11. E-mail Address: <u>pbeal@michaelsongroup.com</u>					
<small>(To be used for future annual report notifications)</small>					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager <u>P. Beal</u> Date 11/19/15					
Typed or printed name of signing Authorized Representative/Manager <u>PAGE BEAL</u> MANAGER					