

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORMED  
AND  
FILED

182

OCT 30 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/08/01--01045--023  
\*\*\*\*150.00 \*\*\*\*150.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L51190**

1. Corporation Name  
**VWC ENTERPRISES, INC**

2. Principal Office Address

**1611 ORLANDO AVE**

Suite, Apt. #, etc.

City & State

**LONGWOOD FL**

Zip

**32750**

Country

**USA**

3. Mailing Office Address

**P.O. Box 521146**

Suite, Apt. #, etc.

City & State

**LONGWOOD FL**

Zip

**32752**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**FEB 15 1990**

5. FEI Number

**59-3000190**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**DARRELL K. PALAMA**

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

**1611 ORLANDO AVE LONGWOOD FL 32750**

Suite, Apt. #, Etc.

City

**LONGWOOD**

State  
**FL**

Zip Code

**32750**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date **10/30/01**

REGISTERED AGENT MUST SIGN

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
P	Darrell Palama	1611 Orlando Ave	Longwood FL 32750
V.P.	Darrell Palama	1611 Orlando Ave	Longwood FL 32750
Sec	Darrell Palama	1611 Orlando Ave	Longwood FL 32750
TREA	Darrell Palama	1611 Orlando Ave	Longwood FL 32750

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]*

**DARRELL K. PALAMA**

Date **10/30/01**

Daytime Phone # **407 298 3350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

10/29/01  
10:26 AM

288  
**VWC Enterprises, Inc.**

P.O.Box 521146  
Longwood FL 32752-1146  
V 407.298.3350  
F 407.298.2455

Florida Department Of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Reinstatement

Dear Sir,

I received a call from a bank officer on Friday, October 26, 2001, informing me that VWC Enterprises, Inc. had been dissolved for not filing the annual report. I have not received any annual report forms from the State of Florida. This is in fact, the second time that this has occurred since changing my physical and mailing address in September of 2000. I am requesting that I be allowed to reinstate this corporation for the normal annual fees and that the reinstatement penalties be waived. It is imperative that I have this matter resolved immediately as the corporation has a pending loan closing on Wednesday, October 31<sup>st</sup>

Sincerely,

  
Darrell K Palama

***A Minority Business Enterprise***