PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 26 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M57393 (4)

1. Corporation Name

VERONKA, INC.

Principal Place of Business
C/O JOSE A. YOFFE
4747 COLLINS AVE. #1514
MIAMI BCH., FL 33140

Mailing Address
2100 WEST 76TH ST. #403
HIALEAH, FL 33016
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

REINSTATEMENT 97-98 7/29 6/26/98

4. Date Incorporated or Qualified To Do Business in Florida 08/14/1987

5. FEI Number 59-2836795 | Applied For | X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	YOFFE, JOSE A.	4747 COLLINS AVE. # 1514	MIAMI BCH., FL 33140
D	YOFFE, LUISA ANTONIA DE	4747 COLLINS AVE. #1514	MIAMI BCH., FL 33140

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-07/01/98--01086--017
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: YOFFE, JOSE A.
Street Address (P.O. Box Number is Not Acceptable): 4747 COLLINS AVE.,
Suite, Apt. #, Etc.: #1514
City: MIAMI BEACH | State: FL | Zip Code: 33140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 06-10-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ YOFFE, JOSE A. 06-10-98 (305) 231-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E 040 (12-96)