

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 20 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00-2631 **P00000002631**

1. Corporation Name

VVD ENTERPRISES, INC
1745 PALM COVE BLVD.
DELRAY BEACH, FL. 33445

2. Principal Office Address

1745 PALM COVE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

1745 PALM COVE BLVD

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

33445

Country

PALM BCH

City & State

DELRAY BEACH, FL.

Zip

33445

Country

PALM BCH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0997972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

W. J. TREMBLAY, P.A.

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

1801 S. FEDERAL HWY.

Suite, Apt. #, Etc.

SUITE 219

City

DELRAY BEACH

State

FL

Zip Code

33483

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

W. J. Tremblay, P.A.

REGISTERED AGENT MUST SIGN

Date 10/15/04

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. S. T. D.	DIEGO VIDAL	1745 PALM COVE BLVD	DELRAY BEACH, FL 33445

000042012400
10/20/04--01018--006 **1200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diego Vidal President

10/15/04

Date

414-8587

Daytime Phone #

(56)

CR2E081 (01/04)