

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 4:38

DOCUMENT # P0000000 10791

1. Corporation Name

V.I.P. AUTOMOBILE TRANSPORTERS, INC.

600123563526

04/30/08--01067--002 **150.00

600123563526

04/15/08--01032--003 **750.00

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

7382 Spring Hill Drive

3. Mailing Office Address

7382 Spring Hill Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Springhill, FL

City & State

Springhill, FL

Zip

34606

Country

US

Zip

34606

Country

US

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

January 31, 2000

5. FEI Number

59-3622070

☐ 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

JEANNETTE PEREIRA

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

7382 Spring Hill Drive

Suite, Apt. #, Etc.

City

Springhill, FL

State

FL

Zip Code

34606

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jeannette Pereira
REGISTERED AGENT MUST SIGN

Date

4-25-08

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
PD	ANTONIO M. PEREIRA	7382 Spring Hill Drive	Springhill, FL 34606
STD	JEANNETTE PEREIRA	7382 Spring Hill Drive	Springhill, FL 34606

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 contained in Chapter 119, 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:

Antonio Pereira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/08

Daytime Phone #

352-585-6349