

# 2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 10 AM 8:00

DOCUMENT # P00000031833

1. Corporation Name

V.C. ENTERPRISES, CORP.

18708 NW 14TH STREET  
18708 NW 14TH STREET

2. Principal Office Address

18708 NW 14TH STREET

3. Mailing Office Address

18708 NW 14TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1012111

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

Marie Fortune Vilain

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

18708 NW 14TH STREET

Suite, Apt. #, Etc.

City

Pembroke Pines

State  
FL

Zip Code  
33029

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

REGISTERED AGENT MUST SIGN

Date

9-9-04

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	Marie Fortune Vilain	18708 NW 14TH STREET	Pembroke Pines, FL 33029

400040969764  
09/10/04--01064--009 \*\*758.75

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

Date

Daytime Phone #

CR2E081 (01/04)