

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000071432**

1. Corporation Name

V.I.P. Management Services, Inc.

2. Principal Office Address

131 S.E. 4th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Same

Zip

33435

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/00

5. FEI Number

65-1027743

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

Victoria L. Johnson

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

131 S.E. 4th Ave

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

*Victoria L. Johnson*

Date 2/18/03

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/T	Dale R. Johnson	131 S.E. 4th Ave	Boynton Beach, FL 33435
VP/S	Victoria L. Johnson	131 S.E. 4th Ave	Boynton Beach, FL 33435

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:

*Victoria L. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

561-756-4954

Daytime Phone #

CR2E081 (10/02)

2/24

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071432

Entity Name  
I.P. MANAGEMENT SERVICES, INC.

Principal Place of Business  
31 SOUTHEAST 4TH AVENUE  
BOYNTON BEACH FL 33435

Mailing Address  
131 SOUTHEAST 4TH AVENUE  
BOYNTON BEACH FL 33435



Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1027743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, VICTORIA L  
131 SOUTHEAST 4TH AVENUE  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

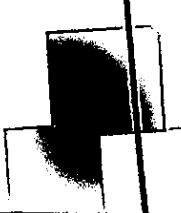
SIGNATURE  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing) DATE

<input type="checkbox"/> This corporation is eligible to satisfy its Intangible Tax (filing requirement and elects to do so. (See criteria on back))	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODE, PAMELA J 5682 PAPAYA ROAD WEST PALM BEACH FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DALE 131 SOUTHEAST 4TH AVENUE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Treasurer Johnson, Dale 131 SE 4th Ave Boynton Beach FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, VICTORIA L 131 SOUTHEAST 4TH AVENUE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary Johnson, Dale 131 SE 4th Ave Boynton Beach FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like removed.

7/2/09



**V.I.P. MANAGEMENT SERVICES, INC.**  
**131 S.E. 4TH AVE.**  
**BOYNTON BEACH, FL 33498**  
**OFFICE: 561-734-3109 PAGER 561-773-3151**  
**E-MAIL: VICTORIAJ81@AOL.COM**

February 18, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Corporation Reinstatement for V.I.P. Management Services, Inc.

To Whom It May Concern:

I am writing this letter to you because I just recently found out that my Corporation had been dissolved due to my annual report/uniform business report had not yet been received.

I am enclosing a copy of the report along with the check stub that was written on April 17, 2002. I use to have an assistant that did the Company's books and recently found out that the bank statements were not being reconciled on a monthly basis and that the check never cleared the bank.

It is for that reason that I am asking that the additional fees be waived for the reinstatement of V.I.P. Management Services, Inc.

I have enclosed check number 1327 in the amount of \$300.00 to reinstate the company.

Please feel free to contact me if you have any further questions or are in need of any additional information.

Sincerely,



Victoria L. Johnson, LCAM

Vice President, V.I.P. Management Services, Inc.

A "NEW" Management Company on the Horizon

