

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bp2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000074582**

1. Corporation Name

VIN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**8333 NORTHWEST 68TH STREET
MIAMI FL 33166**

**8333 NORTHWEST 68TH STREET
MIAMI FL 33166**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

65-1033300

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	FERNANDES, EDUARDO	8333 NORTHWEST 68TH STREET	MIAMI FL 33166

REINSTATEMENT

8. Name and Address of Current Registered Agent

**LUCAS, HOWARD CPA
2121 PONCE DE LEON BLVD # 1100
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

EDUARDO FERNANDES

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

8333 NORTHWEST 68TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of
Registered Agent

Howard Lucas
REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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 #

CR2E040 (7/03)



2052

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document # P00000074582

To Whom It May Concern:

Enclosed please find the completed Application for Reinstatement and the filing fee in the amount of \$150.00. Please be advised that we did not receive any prior notices of the requirement for this filing.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eduardo Fernandes', is written over a horizontal line.

Eduardo Fernandes
President