

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY 13 PM 4:14

RECEIVED  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

VOCO ENTERPRISES, INC.

DOC #P00000083582

2. Principal Office Address

3100 NE 48TH STREET

3. Mailing Office Address

3100 NE 48TH STREET

Suite, Apt. #, etc.

#412

Suite, Apt. #, etc.

#412

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1038451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

109 \$150.00  
03-05

**7. Name and Address of Current Registered Agent**

Name

Patricia J. Colaiacovo

Street Address (P.O. Box Number is Not Acceptable)  
3100 NE 48th Street

Suite, Apt. #, Etc.

#412

City

Fort Lauderdale

State

FL

Zip Code

33308

200055195152  
05/24/05-01065-014 \*\*300.00

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. 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
PSTD	Patricia J. Colaiacovo	3100 NE 48th Street #412	Fort Lauderdale, Florida 33308
V	Jeffrey L Colaiacovo	3100 NE 48th Street #412	Fort Lauderdale, Florida 33308

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

President

Date

551-982-8641

Daytime Phone #

CR2E081 (01/05)

20f2

VOCO ENTERPRISES, INC.  
PATRICIA J. COLAIACOVO, PRESIDENT  
3100 NE 48<sup>TH</sup> STREET #412  
FORT LAUDERDALE, FLORIDA 33308

May 11, 2005

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32314

RE: Voco Enterprises, Inc.  
Doc #P00000083582  
Tax I.D. #65-1038451

To whom it may concern:

Attached please find the Corporation Reinstatement form for Voco Enterprises, Inc, and the enclosed check #1099 in the amount of \$300.00 for reinstatement fees.

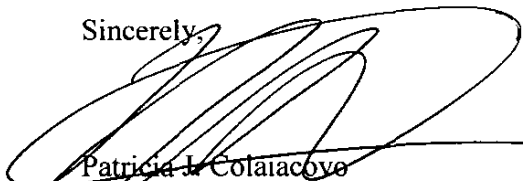
On September 18<sup>th</sup>, 2003 I had written a letter and submitted my check #1146 in the amount of \$150 for the annual filing. I had not received the 1<sup>st</sup> notice thru my Registered Agent.

It was not until I went to file my 2004 taxes with another accounting firm, that I was made aware that Voco Enterprises, Inc. was dissolved by the State. In speaking with Kathy from your division, she informed me that a letter was sent by the State to the Registered Agent notifying the previous Register Agent that additional dollars were required. Again, I was never given this information.

I would appreciate your consideration in waiving the fees. I have enclosed the Reinstatement Application form and hope that all meets with your satisfaction.

Thanking you in advance for your time and consideration in this matter.

Sincerely,



Patricia J. Colaiacovo  
Phone Daytime 561-982-8641 (office)