

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000085834**

1. Corporation Name

V & S SERVICE CORPORATION

Principal Place of Business

2433 THOMAS DR., #152
PANAMA CITY BEACH FL 32408

Mailing Address

2433 THOMAS DR., #152
PANAMA CITY BEACH FL 32408

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

2. New Principal Office Address, If Applicable

2433 THOMAS DR.

Suite, Apt. #, etc.

172

City & State

PANAMA CITY BEACH, FL

Zip

32408

Country

3. New Mailing Office Address, If Applicable

2433 THOMAS DR.

Suite, Apt. #, etc.

172

City & State

PANAMA CITY BEACH, FL

Zip

32408

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2000

5. FEI Number

59-3671501

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VAKULENKO, VLADIMIR	2433 THOMAS DR., #152	PANAMA CITY BEACH FL 32408

000004765558-1
-01/10/02--01081--007
****758.75 ****758.75

REINSTATEMENT 01 178

8. Name and Address of Current Registered Agent

VAKULENKO, VLADIMIR
2433 THOMAS DR., #152
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name

VAKULENKO, VLADIMIR

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

2433 THOMAS DR.

Suite, Apt. #, Etc.

172

City

PANAMA CITY BEACH

State

FL

Zip Code

32408

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-27-01

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

12/27/01

Daytime Phone #

(865) 712 39 00

CR2E040 (8/01)