

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000010431**

1. Corporation Name

VINITA PHILLIPS ENTERPRISES

2. Principal Office Address

1070 NE 3RD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

FL

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-2-2000

5. FEI Number

6510577.72

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

KEVIN HAGEN

HAGEN + HAGEN P.A.

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

3531 GRIFFIN RD

Suite, Apt. #, Etc.

City

DANIA

State
FL

Zip Code

33312

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 **5-17-02**

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	VINITA PHILLIPS	1070 NE 3RD AVE	BOCA RATON, FL 33432
			600005665936--4 -06/03/02--01087--021 ****908.75 ****908.75

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

Vinita Phillips
VINITA PHILLIPS

Date

5-17-02

Daytime Phone #

561-447-8208