

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

750.

APPLICATION FOR REINSTATEMENT

P00000111495



DIVISION OF CORPORATIONS

DOCUMENT # P00000111495

1. Corporation Name

V & M INVESTMENTS MANAGEMENT, INC.

Principal Place of Business

9806 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

9806 PINES BLVD
PEMBROKE PINES FL 33024

FILED
02 NOV 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. Date Incorporated or Qualified To Do Business in Florida

12/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1126970

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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
PD	VERNON JACK NEX, JACK VERNON	9806 PINES BLVD	PEMBROKE PINES FL 33024

500009394489
12/06/02--01024--006 **750.00

REINSTATEMENT 2002
B/K

8. Name and Address of Current Registered Agent

LAW OFFICES OF STEVEN GARELLEK, P.A.
7000 W PALMETTO PARK RD, STE 200
BOCA RATON FL 33483

700 S. FEDERAL HWY
STE 200
BOCA RATON, FL 33432

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/13/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02
Date

(954) 437-9998
Daytime Phone #

CR2E040 (8/02)