

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000002501

1. Corporation Name

VRJ CONTRACTORS, INC.

Principal Place of Business

2090 RIVER PARK BLVD
ORLANDO FL 32817

Mailing Address

2090 RIVER PARK BLVD
ORLANDO FL 32817

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

59-3689623

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
P	GONCALVES, VANDERLEI	2090 RIVER PARK BLVD	ORLANDO FL 32817
ST	GONCALVES, ROSILENE C	2090 RIVER PARK BLVD	ORLANDO FL 32817

8. Name and Address of Current Registered Agent

GONCALVES, VANDERLEI
2090 RIVER PARK BLVD
ORLANDO FL 32817

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. 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

Date

Daytime Phone #

28-10-02

FILED
02 NOV 2001 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
led in the First Report.



CR2E040 (9/02)

VRJ CONTRACTOR, INC.
2090 River Park Blvd.
Orlando, FL 32817
Tel. (407) 509-0784

October 22, 2002

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
~~TALLAHASSEE, FL 32302-1500~~

Ref: Document #P01000094463

Dear Sirs:

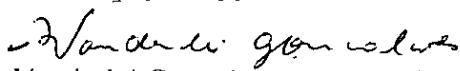
Today we have received the third notice of our Uniform Business Report and the certificate of dissolution of revocation in the amount of \$750.00. We have called the office of the Florida Department of State and your representative explained to us that apparently it was returned by the post office or misplaced. There are no records of receiving our check.

According to your instructions, and in lieu of the previous report, we are sending the report with the check in the amount of \$150.00 to substitute our previous annual report that apparently was lost in the mail.

I respectfully request the consideration of filing my UBR. We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,


Vanderlei Goncalves