

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000005021**

1. Corporation Name

VIT GROUP INC.

Principal Place of Business

Mailing Address

6815 WILLOW CREEK RUN
LAKE WORTH FL 33463

6815 WILLOWCREEK RUN
LAKE WORTH FL 33463

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

615 RICH DR.

615 RICH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **PALMS SPRINGS, FL**

City & State **PALMS SPRINGS**

Zip Country

Zip Country

33406

33406

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2001

5. FEI Number

65-1084778

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
DP	FORGRO, SANDRA DELETED	6815 WILLOW CREEK RUN	LAKE WORTH FL 33463
DP	RUSSI, LUIS DELETED	555 SW 4TH STREET	MIAMI FL 33148
SD PD	ARICAPA, CARLOS	6815 WILLOW CREEK RUN 615 RICH DR.	LAKE WORTH FL 33463 PALMS SPRINGS, FL

700031852157
04/06/04--01005--016 **\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARICAPA, CARLOS
6815 WILLOW CREEK RUN
LAKE WORTH FL 33463

Name

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

615 RICH DR

Suite, Apt. #, Etc.

City

PALMS SPRINGS

State

FL

Zip Code

33406

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

REGISTERED AGENT MUST SIGN

Date

4/2/04

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

Daytime Phone #

4/2/04

VIT GROUP INC.
615 RICH DR
PALMS SPRINGS, FL 33406

Friday, April 02, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P01000005021

We are filing for reinstatement to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$300.00 covering the 2003 and 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



CARLOS ARICAPA - PRESIDENT