

02
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029104

1. Corporation Name

VDI CONTRACTORS OF FLORIDA, INC.

500010079915
01/14/03--01062--005 **150.00

2. Principal Office Address

15431 SW 15th PLACE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33326

Country

USA

3. Mailing Office Address

15431 SW 15th PLACE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 21, 2001

5. FEI Number

65-1097317

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

JULIO LEYVA

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

15341 SW 15th PLACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33326

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 01-10-03

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
PSDT	Leyva, Julio	15341 SW 15 PL.	Davie, FL 33326
N	Herlihy, Eric	1286 NE 30th St. #1	Ft. Lauderdale, FL 33334

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:

Julio Leyva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03

Date

954-382-6032

Daytime Phone #

CR2E081 (10/02)

95 1/15

VDI CONTRACTORS OF FLORIDA



15341 SW 15TH PLACE ♦ DAVIE, FL. 33326 ♦ BROWARD
Phone 954-382-6032 ♦ Fax 954-382-9142

January 10, 2003

To whom it may concern,

Our insurance company has notified us that our company is being reported inactive.

We have by no means received any notices for renewal or anything in that source.

Please accept our application for reinstatement and this letter to waive the reinstatement fee.

Enclosed please find our change of address and a check for \$150.00.

Thank You

Julio Leyva