

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 16 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000033815

1. Corporation Name

VZ Management, Inc.

2. Principal Office Address

107 North Beach Road

3. Mailing Office Address

107 North Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 3, 2001

5. FEI Number

65-1102541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

12/16/02 01043 003 150.00

7. Name and Address of Current Registered Agent

Name

Charles E. Muller II

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

9350 South Dixie Highway

Suite, Apt. #, Etc.

Suite 1550

City

Miami

State

FL

Zip Code

33156

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

Charles Muller

Date December 11, 2002

REGISTERED AGENT MUST SIGN

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, T, D Christian A. Nast

107 North Beach Road

Hobe Sound, FL 33455

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

Christie Nast, President

12/11/02

Date

Daytime Phone #

772-5454972

CR2E081 (9/01)