

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAP 1/1/02

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060017

1. Corporation Name

V.Z.P. Corp.

2. Principal Office Address

P.O. Box 385

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 385

Suite, Apt. #, etc.

City & State

Greensboro, Fl.

City & State

Greensboro Fl

Zip

Country

32330-0385

Zip

Country

32330-0385

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vousis Paden

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

632 Liberty Road

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

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

DP Vousis Paden

632 Liberty Road

Quincy, Fl. 32351

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:

Vousis Paden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Page 2 of 2
Anderson & Anderson
Post Office Box 1822
Quincy, FL 32353

• **ANDERSON & ANDERSON**

9/25/03

Florida Department of State
Division of Corporation
Tallahassee, Florida 32314

To Whom It May Concern:

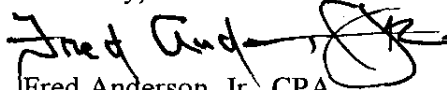
The purpose of this letter is to inform you concerning, the annual reports for VZP Corporation.

We did receive a renewal notice for the current reporting period. Upon receipt of this letter, I am requesting that the reinstatement fees be removed from the account.

Your consideration in this matter will be greatly appreciated. Please contact me at 425-6200 ext. 420 if you have additional questions or concerns.

Thanking you in advance for your continued support.

Sincerely,


Fred Anderson, Jr., CPA