

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000115562**

1. Corporation Name

VCM INVESTMENTS CORPORATION

Principal Place of Business

Mailing Address

**3800 BATTERSEA RD
MIAMI FL 33133**

**P.O. BOX 330493
MIAMI FL 33233**

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

30-0010609

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	VELASQUEZ, CLAUDIA P	3800 BATTERSEA RD	MIAMI FL 33133
V	CANAS, LUZ A	3800 BATTERSEA RD	MIAMI FL 33133
V	OLIVA, MONICA	3800 BATTERSEA RD	MIAMI, FL 33133

**500023970115
10/21/03--01062--004 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VELASQUEZ, CLAUDIA P
~~3800 BATTERSEA RD~~
MIAMI FL 33133**

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

Claudia P. Velasquez
REGISTERED AGENT MUST SIGN

Date **10-14-03**

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:

Claudia P. Velasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA P. VELASQUEZ 10-14-03 305-926-

Date

Daytime Phone #

0771



FILED
03 OCT 21 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR20040 (7/03)

**VCM INVESTMENTS
CORP.**

3800 Battersea rd.
Miami, FI 33133+

2242

October 14, 2003

Department of State
Division of Corporations
P.O BOX 6327
Tallahassee, FI 32314

Dear Sir or Madam:

This letter is to let you know that VCM INVESTMENTS CORP. did not received the two prior uniform business report (UBR) notices. The only notice the corporation has received is the notice of administrative dissolution or revocation.

I am sending along with this letter VCM INVESTMENTS CORP. application for reinstatement, and the waived reinstatement fee (\$150.00).

If you need to contact me do not hesitate to call me, 305-926-0771.

Sincerely,


Claudia P. Velasquez
President