

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116083

1. Corporation Name

VLP LITIGATION CONSULTANTS, INC.

Principal Place of Business

2500 HOLLYWOOD BLVD.  
SUITE 305  
HOLLYWOOD FL 33020

Mailing Address

2500 HOLLYWOOD BLVD.  
SUITE 305  
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/2001

5. FEI Number

65-1157812

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PRES BARRY M. SHULMAN

1115 PAPAYA ST.

Hollywood, FL 33019

800008596218

10/25/02--01076--027 \*\*150.00

10/30

8. Name and Address of Current Registered Agent

SHULMAN, BARRY M  
1115 PAPAYA STREET  
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-22-02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

6253

454920-6253

CR2E040 (8/02)

**VLP Litigation Consultants, Inc.**

**2500 Hollywood Boulevard**

**Suite 305**

**Hollywood, FL 33020**

**(954) 920-6253**

**October 22, 2002**

**Division of Corporations**

**Reinstatement Section**

**PO Box 6327**

**Tallahassee, FL 32314-6327**

**To Whom It May Concern:**

I am filing this reinstatement form and request special consideration in that this is the first form I received for this corporation filing.

The company incorporated in December of last year but did not really start doing business until January of 2002.

I never gave it a thought and would have filed on a timely basis had I received the documents.

I have enclosed the \$150 filing fee per the telephonic instructions at (850) 245-6059 and hope that you will approve the reinstatement for the above reasons.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Barry M. Shulman", with a long horizontal flourish extending to the right.

**Barry M. Shulman**