

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010830

1. Corporation Name

V & S SOLUTIONS, INC.

Principal Place of Business

22178 CLOCK TOWER WAY
BOCA RATON FL 33428

Mailing Address

22178 CLOCK TOWER WAY
BOCA RATON FL 33428

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

01/30/2002

5. FEI Number

02-0543009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03



600025258836

12/05/03--01053--001 **150.00

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
D	MASTRO, VINCENT J	22178 CLOCK TOWER WAY	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

MASTRO, VINCENT J
22178 CLOCK TOWER WAY
BOCA RATON FL 33428

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]

REGISTERED AGENT MUST SIGN

Date

11/7/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

11/7/03

Daytime Phone #

561-482-0845

CR2E040 (7/03)

22178 Clock Tower Way
Boca Raton, FL 33428

V & S Solutions, Inc.

November 7, 2003

To Whom It May Concern:

Dear Sir or Madam:

I received a Notice of Administrative Dissolution or Revocation for my business recently. Upon receiving I read it and was surprised to see that I did not receive the UBR notice. I am filing this form and enclosing a check for \$150.00. I am thankful for you sending out this notice.

Sincerely,



Vincent J Mastro, Jr.
President

[Click here and type slogan]