

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089385

1. Corporation Name

VNS INTERNATIONAL, INC.

2. Principal Office Address
8600 N.W. 53 Terrace

3. Mailing Office Address
8600 N.W. 53 Terrace

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33166 U.S.A.

Zip Country
33166 U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/16/2002

5. FEI Number
52-2379144

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BENJAMIN KEELEY

Street Address (P.O. Box Number is Not Acceptable)
8600 N.W. 53 TERRACE

Suite, Apt. #, Etc.
201

City
MIAMI

State Zip Code
FL 33166

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 3-24-2004

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	KEELEY, BENJAMIN	8600 N.W. 53 TERR. #201	MIAMI, FLORIDA 33166

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

3-24-2004 (305) 477-5671

Date

Daytime Phone #

CR2E081 (01/04)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 25, 2004

VNS INTERNATIONAL, INC.
8600 NW 53 TERR
201
MIAMI, FL 33166

SUBJECT: VNS INTERNATIONAL, INC.
Ref. Number: P02000089385

We have received your document for VNS INTERNATIONAL, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$300.00.

There is a balance due of \$150.00.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 504A00012748