

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 NOV 14 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000092451**

1. Corporation Name

**VAC INTERNATIONAL, INC.**

Principal Place of Business

4552 NORTH HIATUS ROAD  
SUNRISE FL 33351

Mailing Address

4552 NORTH HIATUS ROAD  
SUNRISE FL 33351

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

**REINSTATEMENT 2003**



000024763640

11/17/03--01099--006 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/2002

5. FEI Number

40 0004807

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZIKOFSKY, MARIKA	4552 NORTH HIATUS ROAD	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

GREENE, RICHARD P  
2455 EAST SUNRISE BOULEVARD  
SUITE 905  
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

MARIKA ZIKOFSKY

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

4552 N. HIATUS Rd

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

*Marika Zikofsky*  
REGISTERED AGENT MUST SIGN

Date 11-10-03

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:

*Marika Zikofsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date

Daytime Phone #

(954) 578-0974

CR2E040 (7/03)