

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 OCT 21 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000115421

1. Corporation Name

V & V VALRICO INC

Principal Place of Business

4436 BRANDON RIDGE DR  
VALRICO FL 33594

Mailing Address

4436 BRANDON RIDGE DR  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

3510 CLEVELAND HEIGHTS

Suite, Apt. #, etc.

Lakeland

City & State

FL

Zip

33803

Country

PO LIL

3. New Mailing Office Address, If Applicable

529 South PARSON RUN

Suite, Apt. #, etc.

APT # 1507

City & State

BRANDON - FL

Zip

33511

Country

HILLSBORO

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/2002

5. FEI Number

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
P	MATHEW, VIJU	4436 BRANDON RIDGE DR	VALRICO FL 33594
VP	VAZHAKALAYIL, SHYLA	4436 BRANDON RIDGE DR	VALRICO FL 33594

800023961928  
10/21/03--01029--004 \*\*175.00

8. Name and Address of Current Registered Agent

MATHEW, VIJU  
4436 BRANDON RIDGE DR  
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name

SHYLA VAZHAKALAYIL

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

529 South PARSON RUN

Suite, Apt. #, Etc.

APT # 1507

City

BRANDON

State

FL

Zip Code

33511

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

SHYLA VAZHAKALAYIL

REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

SHYLA VAZHAKALAYIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 16, 2003

Glenda E. Hood,  
Secretary of State  
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee FL 32314-6327

RE: Document # P02000115421

Dear Ms. Hood;

I hereby request a waiver of the penalty for the reason of not receiving the first two letters due to the change of address. The new address is as follows:

Shyla Vazhakalayil  
529 South Parson Run Ave. Apt. 1507  
Brandon, FL 33511

Thank you.

Sincerely yours,

*Shyla Vazhakalayil*

Shyla Vazhakalayil  
V & V Valrico Inc.