

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG -1 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

VCI, Inc.

P02000122598

2. Principal Office Address

4623 Cason Cove Dr.

Suite, Apt. #, etc.

1225

City & State

Orlando, FL

Zip

32811

Country

USA

3. Mailing Office Address

4623 Cason Cove Dr.

Suite, Apt. #, etc.

1225

City & State

Orlando, FL

Zip

32811

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2002

5. FEI Number

81-0587024

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

Vanitha Holmes

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

3950 Cedarwaxwing Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

Vanitha Holmes

REGISTERED AGENT MUST SIGN

Date

7/31/03

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	Vanitha Holmes	3950 Cedarwaxwing Ave.	Orlando, FL 32822

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:

Vanitha Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

407-294-0333

Daytime Phone #

CR2E081 (1/02)