

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 29 PM 1:49

DOCUMENT # P03000008356

1. Corporation Name

"VILENA", INC.

2. Principal Office Address - No P.O. Box #

2427 NE 10TH ST

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

3. Mailing Office Address

2427 NE 10TH ST

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

REINSTATEMENT 07-09KS
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 01/22/2003

5. FEI Number
45-0510514

☐ 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

ELENA KOSINSKAYA

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

2427 NE 10TH ST

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elena Kosinskaya

Date 01/21/09

REGISTERED AGENT MUST SIGN

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	ELENA KOSINSKAYA	2427 NE 10TH ST	HALLANDALE, FL, 33009

300142348699
01/29/09--01005--003 **450.00

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 contained in Chapter 119, 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:

Elena Kosinskaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/09

Date

954-673-7341

Daytime Phone #