

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000041539

1. Corporation Name

V I P Martial Arts Academy II INC.

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

3210 Little Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trinity, FL

City & State

Zip

34655

Country

Pasco U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/2003

5. FEI Number

562331089

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

Vera Kuemmel

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

1434 Flores Ct

Suite, Apt. #, Etc.

City

Trinity

State

FL

Zip Code

34655

☐ 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

Date **10/23/2007**

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	Vera Kuemmel	1434 Flores Ct	Trinity, FL 34655
V	Louis Hurtado	1434 Flores Ct	Trinity, FL 34655

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10/25/07--01036--008 **1058.75

REINSTATEMENT

05-07

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:

VERA KUEMMELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2007

Date

727-376-0192

Daytime Phone #

FILED

2007 OCT 29 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)