

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 14 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000099814

1. Corporation Name

VLM SERVICES, INC.

W08-17935

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

634 NW 42ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. BOX 211854

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33309

Country

USA

City & State

WEST PALM BEACH, FL

Zip

33421

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/08/2003

5. FEI Number

90-0110602

☐ 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

ERITH ALTIDOR

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

634 NW 42ND STREET

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33309

☒ 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

Erith Altidor
REGISTERED AGENT MUST SIGN

Date 03/31/2008

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	ERITH ALTIDOR	634 NW 42ND STREET	OAKLAND PARK, FL 33309
V	ELIANE VILDOR	634 NW 42ND STREET	OAKLAND PARK, FL 33309

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:

Erith Altidor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERITH ALTIDOR

03/31/2008

(954) 483-8516

Date

Daytime Phone #