

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 PM 4:25

DOCUMENT # **P03000109813**

1. Corporation Name

V & D SUB-CONTRACTORS, CORP.

2. Principal Office Address

6555 NW 36th St.

Suite, Apt. #, etc.

#317

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

6555 NW 36th St.

Suite, Apt. #, etc.

#317

City & State

Miami, Florida

Zip

33166

Country

USA

000067028150
03/03/06--01037--010 ***450.00
REINSTATEMENT 04-06
03 FEB 2006 (12:05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

Oct-06-2003

5. FEI Number

20-4340187

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

Vicente J. Penuela

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

6555 NW 36th St.

Suite, Apt. #, Etc.

#317

City

Miami

State

FL

Zip Code

33166

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

Vicente Penuela

Date **02-20-2006**

(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	Vicente J. Penuela	6555 NW 36th St. #317	Miami, FL 33166
V	Danitza Moncaliano	6555 NW 36th St. #317	Miami, FL 33166

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:

Vicente Penuela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-2006 (305) 986-8188

Date

Daytime Phone #

2/2/06

2/2

02/20/2006

TO; DEPARTMENT OF STATE
DIVISION OF CORPORATION

P.O BOX 6327
TALLAHASSEE, FL 32314

FROM ; V & D SUB-CONTRACTORS CORP

Dear Sirs;

Enclosed check for US\$ 450 to pay reinstatement from year 2004 to 2006. We stated that we never received the annual report notices. Please reinstate the corporation and you can find the reinstate form enclosed.

Thank you for your cooperation.


V & D