

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113381

1. Corporation Name

V & I IMPORTS, INC

7.17 LD

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

650 W. Avenue #2004

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A

3. Mailing Office Address

650 W. Avenue #2004

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2003

5. FEI Number

562405978

☐ 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

CAROLINE LARSON

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

8818 COMMODITY CR

Suite, Apt. #, Etc.

SC 40

City

ORLANDO

State

FL

Zip Code

32819

☒ 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

Caralavara

Date 07/09/08

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
<u>P</u>	<u>VINICIUS PIRES</u>	<u>650 W. Avenue #2004</u>	<u>MIAMI BEACH, FL 33139</u>

000132893010
07/14/08--01059--008 **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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.09.08

Date

Daytime Phone #

Affidavit

07/09/2008

I, Vinicius Pires owner of V&I Imports, Inc (P03000113381) give my oath that I never received any letter from Division of Corporation regarding the annual report that I should do for my company in 2006 and 2007.

Sincerely,



Vinicius Pires