

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUL 24 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000149644**

1. Corporation Name

VIRINA ENTERPRISES, INC.

2. Principal Office Address

7590 NW 75th Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7590 NW 75th Drive

Suite, Apt. #, etc.

City & State

Parkland Florida

City & State

Parkland Florida

Zip

33067

Country

Brand

Zip

33067

Country

Brand

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2003

5. FEI Number

56-1948225

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

Janet V. Ward

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

7590 NW 75th Drive

Suite, Apt. #, Etc.

Parkland, FL 33067

City

Parkland

State

FL

Zip Code

33067

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

Janet V. Ward

REGISTERED AGENT MUST SIGN

Date

7/17/06

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
President	Janet V. Ward	7590 NW 75th Drive	Parkland, FL 33067

800078224328

08/01/06 01039 010 **450.00

7/26/06

REINSTATEMENT

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:

Janet V. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/06

Daytime Phone #

(954)

548 6046

Virina Enterprises, Inc.



7590 North West 75th Drive
Parkland, Florida 33076
Tel: (954) 785-8285 Fax: (954) 784-2756

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July 19, 2006

Secretary of State, Division of Corporation
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Virina Enterprises, Inc. is requesting that the reinstatement fees be waived. The reason for the request is that Virina did not receive the annual report notices.

I submitting the fees for the following years:

2004	\$150.00
2005	\$150.00
2006	\$150.00

Total: \$450.00

Please contact me @ (954) 548-⁶⁰⁴⁶~~5257~~ if you have any questions or comments.

Sincerely,

Janet V. Ward
Janet V. Ward