

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000030548

1. Corporation Name

V & H REMODELING, INC.

REINSTATEMENT 08-10

100167768401
02/02/10--01012--022 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 1978 WINDERMERE RD		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINDEREMERE, FL		City & State SAME	
Zip 34786	Country USA	Zip 34786	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/13/2004	
5. FEI Number 20-0735205	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name SOOKLALL DUKHI		
Street Address (P.O. Box Number is Not Acceptable) 1978 WINDERMERE RD		
Suite, Apt. #, Etc.		
City WINDEREMERE	State FL	Zip Code 34786

☒ 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


REGISTERED AGENT MUST SIGN

Date 01/29/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

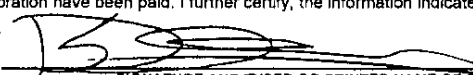
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SOOKLALL DUKHI	1978 WINDERMERE RD	WINDEREMERE, FL 34786
STD	TEJPAUL DUKHI	1978 WINDERMERE RD	WINDEREMERE, FL 34786

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2010 407-373-4039

Date

Daytime Phone #