

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 192

2006 OCT 31 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000108359

1. Corporation Name

VM III Inc

2. Principal Office Address

7510 Mandarin Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7510 Mandarin Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 22nd 2004

5. FEI Number

5624 777 30

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

VIVIAN GONZALEZ

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

207 Mercado Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/2006

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
Pres.	Victor Morales III	7510 Mandarin Dr	Orlando, FL 32819

REINSTATEMENT 0506

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] Victor Morales, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/06

Date

407-227-4142

Daytime Phone #

242

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Gentlemen:

This letter is a formal request for a waiver of the \$600.00 reinstatement fee. I did not receive the notice for the annual report. That might have been due to a temporary move due to damages caused by the 2004 hurricane season. Thank you very much for your attention in this matter.

Thank You

Victor Morales
Victor Morales, III