

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING CANCELLED  
RETURNED CHECK**

FILED

10 MAR -1 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 08-10**

**DOCUMENT # P04000157550**

1. Corporation Name

Virtual Arcadia Inc.

400171023994  
03/02/10--01027--010 \*\*450.00

CR2E081 (11/09)

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

19605 NW 57 Avenue

3. Mailing Office Address

19605 NW 57 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33055

Country

US

Zip

33055

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2004

5. FEI Number

201897209

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

Dennis Smith

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

20123 NW 62 Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33055

☒ 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

Date 2/23/2010

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
Pres	Dennis Smith	20123 NW 62 Ave	Miami, FL 33015
VP	Dujoun Smith	20123 NW 62 Ave	Miami, FL 33015
Sec	Deneisha Smith	18946 NW 80 CT	Miami, FL 33015
Tre	Deidra Smith	18946 NW 80 CT	Miami, FL 33015

10. E-mail Address: Virtualarcadia@bellsouth.net

(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:

786-287-7624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #