

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000166054

1. Corporation Name V.O.R. Inc

**REINSTATEMENT** 02-08

800139135148  
12/18/08--01031--011 \*\*300.00  
CR2E081 (10/08)

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

1445 RIVA DEL GARDA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1445 RIVA DEL GARDA WAY

Suite, Apt. #, etc.

City & State

S6 AUGUSTINE FL

City & State

S6 AUGUSTINE FL

Zip

32092

Country

US

Zip

32092

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/2004

5. FEI Number

20-1990513

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

VITALY ORLOV

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

1445 RIVA DEL GARDA WAY

Suite, Apt. #, Etc.

City

S6 AUGUSTINE

State

FL

Zip Code

32092

☒ 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

Vitaly Orlov

REGISTERED AGENT MUST SIGN

Date

12/15/08

**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	VITALY ORLOV	1445 RIVA DEL GARDA WAY	S6 AUGUSTINE, FL 32092

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:

Vitaly Orlov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/08 (904) 881-8844

Daytime Phone #