

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 20 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 05 0000 34061

1. Corporation Name

Velco International Corp.

400181049154
05/18/10--01023--005 **450.00

REINSTATEMENT 08-10

CR2E081 (4/10)

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

6178 S.W. 194 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip

33332

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 4/05

5. FEI Number

42-1661974

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

Ana E. Velasco

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

6178 S.W. 194th Ave

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33332

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Ana E. Velasco

REGISTERED AGENT MUST SIGN

Date *May 17th, 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
D	Ana E. Velasco	6178 S.W. 194th Avenue	Ft Lauderdale, FL 33332

10. E-mail Address: *anaevelasco@velcoint.com*

(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:

Ana E. Velasco ANA E. VELASCO

May 17th, 2010 (786) 281-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



VELCO INTERNATIONAL CORP.

Email: anaevelasco@velcoint.com

6178 S.W. 194th. Ave
Fort Lauderdale, Fl. 33332

Phone: (954) 434-9747
Fax: (954) 671-6871
Cell: (786) 281-0614

AFFIDAVIT


May 18, 2010


SUBJECT: Document Number P10000031787 - Velco International Corp.


I, Ana E. Velasco, President, Registered Agent and 100% stockholder of Velco International Corp., affirm the following:

- 1) I very respectfully confirm that I would like Velco International Corp., under Document Number P10000031787 dissolved forthwith.
- 2) I have no intention of reactivating Velco International Corp., under Document Number P10000031787
- 3) I am releasing the name of Velco International Corp., under Document Number P10000031787 to Velco International Corp., under Document Number P05000034061

Respectfully,


Ana E. Velasco, President Velco International Corp.


Ana E. Velasco, Registered Agent, Velco International Corp.


Ana E. Velasco, Individually