

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000039310

1. Entity Name  
VIELMA SERVICES INC



FILED

2008 FEB 25 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

516 SW 73 AVE  
NORTH LAUDERDALE, FL 33068

Mailing Address

516 SW 73 AVE  
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02192008 REIN-P CR2E098 (1/07) 07-08

4. FEI Number 20-45117766

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IELMA, GUADALUPE V  
516 SW 73 AVE  
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name VIELMA Guadalupe

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

516 SW 73 AVE

City North Lauderdale FL Zip Code 33068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Guadalupe Vielma*

2/19/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P IELMA, GUADALUPE V ☒ Delete  
STREET ADDRESS 516 SW 73 AVE  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P VIELMA Guadalupe ☒ Change ☐ Addition  
STREET ADDRESS 516 SW 73 AVE  
CITY-ST-ZIP North Lauderdale FL 33068

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500118752395  
CITY-ST-ZIP 02/25/08--01053--007 \*\*308.75

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Guadalupe Vielma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

Daytime Phone #

2. Mitchell FEB 25 2008