

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000043355

1. Entity Name
V & V AUTO CUSTOMIZING & AUTO SALES, INC.



FILED

09 MAR 27 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4520 W COLONIAL DR SUITE 108
ORLANDO, FL 32808

Mailing Address
4520 W COLONIAL DR SUITE 108
ORLANDO, FL 32808

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

3. Mailing Address
SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08-09
02121069 100147720981 03/27/09--01032--009 **300.00

4. FEI Number
20-8959950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NERHU, SIRJU
317 ASHBOURNE DR
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Nerhu Sirju

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-09

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 P ☐ Delete
NAME SIRJU, VAROON S
STREET ADDRESS 4520 W COLONIAL DR SUITE 108
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ST ☐ Delete
NAME SIRJU, NERHU
STREET ADDRESS 317 ASHBOURNE DR
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Delete
NAME *07/30*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 100147720981
STREET ADDRESS 03/27/09--01032--009 **300.00
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Nerhu S Sirju

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-09

Date

612-239-5869

Daytime Phone #