

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 12:46

DOCUMENT #

2/ Corporation Name

PO7000101440
VVVV INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 08-10
200167768152
02/02/10--01012--018 **450.00

3/ Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

4/ Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/09)

5/ Date Incorporated or Qualified
To Do Business in Florida

6/ FEI Number

Applied For
☒ Not Applicable

7/ CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8/ Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

☒ 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.

9/ 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

REGISTERED AGENT MUST SIGN

Date 01-26-2010

10/ 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
P	Juana O Vera	788 Palo Verde Court	West Palm Beach FL 33415
VP	Juana O Vera	788 Palo Verde Court	West Palm Beach FL 33415
S	Juana O Vera	788 Palo Verde Court	West Palm Beach FL 33415
T	Juana O Vera	788 Palo Verde Court	West Palm Beach FL 33415

11/ E-mail Address: none

(To be used for future annual report notification)

22/ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juana Vera

01-26-2010/508-8301

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