

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 AUG -9 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500184148675

08/09/10--01007--003 **1050.00

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-10-2007

5. FEI Number

261205063

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000 111877

1. Corporation Name

VEP AUTO TRANSPORT, Inc.

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

1713 Arthur str.

Suite, Apt. #, etc

HOLLYWOOD FL.

City & State

33020 FL.

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Voler C POP

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

1000 Parkview dr # 601

Suite, Apt. #, Etc

City

Hollandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date Aug -9-2010

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
PRESIDENT	Volter C POP	1000 Parkview dr #601 Hollandale FL 33009	Hollandale FL / 33009

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug -9-2010

Date

Daytime Phone #