

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16000091948
Corporation Name

VIP Tag & Title Services Corp

Principal Office Address - No P.O. Box #
4030 SW 40th Ave
Suite, Apt. #, etc.

3. Mailing Office Address
6408 Rodman St
Suite, Apt. #, etc.

City & State
Nest Park, FL
Country
U.S.

City & State
Hollywood, FL
Zip
33023 Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/2016

5. FEI Number
82-5444259 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
Mike Maos Prieto
Street Address (P.O. Box Number is Not Acceptable)
6408 Rodman St
Suite, Apt. #, Etc.

City
Hollywood State
FL Zip Code
33023

REINSTATEMENT

2024

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 9/30/2024

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
<u>President</u>	<u>Mike Prieto</u>	<u>6408 Rodman St</u>	<u>Hollywood / FL / 33023</u>

OCT 8 2024
M. WILLIAMS

E-mail Address: mafos.prieto1202@gmail.com
(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [Signature] 9/30/2024 (954) 310-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #