

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P93 0000 82323*

1. Corporation Name
VAN VORQUE ENTERPRISES, INC.

2. Principal Office Address
2335 N. Meridian Ave.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip
33140

3. Mailing Office Address
2335 N. Meridian Ave.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip
33140

4. Date Incorporated or Qualified
 To Do Business in Florida *12-02-1993*

5. FEI Number
650453136

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
MARA M. RANKIN

Street Address (P.O. Box Number is Not Acceptable)
2335 N. Meridian Ave.

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33140

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
Mara Rankin

REGISTERED AGENT MUST SIGN

Date
7-27-01

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
<i>President</i>	<i>MARA M. RANKIN</i>	<i>2335 N. Meridian Ave.</i>	<i>Miami Beach, FL 33140</i>
<i>V.P.</i>	<i>VANNESSA VAN VORQUE</i>	<i>2335 N. Meridian Ave.</i>	<i>Miami Beach, FL 33140</i>

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Mara Rankin, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7-27-01

Daytime Phone #
(305) 534-7228

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VAN VORGUE ENTERPRISES, INC.

2335 MERIDIAN AVE., MIAMI BEACH, FL 33140

PHONE: (305) 534-7228

FAX: (305) 531-5161

July 27, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I just realized today that by mistake my incorporation had expired. I called your office and was informed that you had sent the yearly dues to the wrong address coming back undeliverable and that is why you would be waving the penalties. I was also told that in order to reinstate my corporation all I would need is a total of \$450 for the three years that had lapsed.

Enclosed are my application for reinstatement and the \$450 check for the past dues. I am also enclosing \$8.75 for a certificate of status for this year.

Sincerely,


Mara M. Rankin

President