

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000311

1. Corporation Name

VJ INTERNATIONAL INC.

Principal Place of Business

Mailing Address

2667 NE 15 ST,
POMPANO FLA
33062

REINSTATEMENT 46-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2667 NE 15 ST

3. New Mailing Office Address, If Applicable

2667 NE 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

POMPANO FLA

City, State

POMPANO FLA

Zip

Country

33062

Zip

Country

33062

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0473420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JEFFREY SPANGLER	2667 NE 15 ST.	POMPANO FLA 33062

600002171686--9
05/08/97-0111-015
****915.00 ****915.00

JB5-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEFFREY SPANGLER
2667 NE 15 ST
POMPANO FLA 33062

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeffrey Spangler

REGISTERED AGENT MUST SIGN

Date

4/29/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Jeffrey Spangler

JEFFREY SPANGLER

4/29/97

954-242-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)