

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG -4 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000035186(3)

1. Corporation Name

Vilas food Co, Inc.

2. Principal Office Address

2001 S. STATE RD 7

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33317

Country

Broward

3. Mailing Office Address

1319 N. STATE RD 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/94

5. FEI Number

65-0496314

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

Conzalez, Irvin C

700003368447-6

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

1319 N. STATE RD 7

08/23/00-01028-0.7

***1350.00 ***1350.00

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Irvin C Conzalez
REGISTERED AGENT MUST SIGN

Date 7/28/00

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

P	ANTONIO VILARINO	5870 SW 76 AVE	DAVIE, FL 33328
VP	NILDA VILARINO	5870 SW 76 AVE	DAVIE, FL 33328

REINSTATEMENT 9/6/00 TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00