

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 24 AM 8:00

DOCUMENT # P94000035367

1. Corporation Name

V & P FOOD SHOP, INC.

2. Principal Office Address

790 NE 167TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33162

Country

DADE

3. Mailing Office Address

790 NE 167TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33162

Country

DADE

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1994

5. FEI Number

65-0489010

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

PEREZ, VILMA N.

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

790 NE 167TH STREET

Suite, Apt. #, Etc.

City

MIAMI

800037010778

05/24/04--01008--010 **750.00

800037010778

05/24/04--01008--011 **150.00

State

FL

Zip Code

33162

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

Vilma N. Perez
REGISTERED AGENT MUST SIGN

Date 12/03/03

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
PD	PEREZ, VILMA N	790 NE 167TH STREET	MIAMI, FL 33162
ST	NUNEZ, JR. PEDRO	790 NE 167TH STREET	MIAMI, FL 33162
VPD	NUNEZ, RUTH	790 NE 167TH STREET	MIAMI, FL 33162

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:

Vilma N. Perez Vilma N. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/03

Date

305-949-5564

Daytime Phone #

CR2E081 (10/02)