

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

96 DEC 16 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061201**

1 Corporation Name

VLG ASSOCIATES, INC.

Principal Place of Business

~~3900 STIRLING ROAD~~
~~STE. 240~~
~~COOPER CITY FL 33024~~
~~US~~

Mailing Address

~~3900 STIRLING ROAD~~
~~SUITE 240~~
~~COOPER CITY FL 33024~~
~~US~~

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

2. New Principal Office Address, If Applicable

9000 Sheridan St
Suite, Apt. #, etc. 171

3. New Mailing Office Address, If Applicable

9000 Sheridan St
Suite, Apt. #, etc. 171

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip 33024

Country USA

Zip 33024

Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1994

5. FEI Number

65-0515821

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRIMES, VICTORIA L	3980 FERN FOREST ROAD	COOPER CITY FL

600002032946--6
-12/18/96--01102--011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

CUMMINS, B J
400 SE 8TH STREET
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 12-11-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/24/96

(954) 430-3344
Daytime Phone #