

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000018104

1. Corporation Name

V.A. HOLDINGS II, INC.

Principal Place of Business

Mailing Address

**7700 N. Kendall Drive, #510
Miami, Florida 33156**

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten signature]

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida

March 3, 1995

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	ALLEN BRENNER	9780 SW 168 Street	Miami, FL 33157
S/T/D	VINCE W. ROURA	15945 SW 286th Street	Homestead, FL 33030

800002922918--6
-07/02/99-01103-005
*****1058.75 ****000.75**
1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEFFREY S. KRAMER, ESQ.
7700 N. Kendall Drive, Suite 510
Miami, Florida 33156

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

[Handwritten signature of Jeffrey S. Kramer]

Jeffrey S. Kramer
REGISTERED AGENT MUST SIGN

Date

6/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

[Handwritten signature of Vince W. Roura]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vince W. Roura

6-22-99
Date

(305) 270-8876
Daytime Phone #

CR2E081 (12/98)