

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
99 JUN 24 PM 1:09  
STATE OF FLORIDA

DOCUMENT # P95000018104  
1. Corporation Name  
V.A. HOLDINGS II, INC.

Principal Place of Business Mailing Address  
7700 N. Kendall Drive, #510 SAME  
Miami, Florida 33156

*[Handwritten signature]*

**REINSTATEMENT 97-99**

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

2 New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3 New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

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1058.75

8. Name and Address of Current Registered Agent  
JEFFREY S. KRAMER, ESQ.  
7700 N. Kendall Drive, Suite 510  
Miami, Florida 33156

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 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: *Vince W. Roura* sec/treas/dir 6-22-99 (305) 270-8876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Vince W. Roura

CR2E081 (12/98)