

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 24 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000068268**

1. Corporation Name

VETERAN ASSISTANCE GROUP, INC
6524 N.W. 13 COURT
PLANTATION, FLA 33313

2. Principal Office Address

6524 NW 13 COURT

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33313

Country

3. Mailing Office Address

6524 NW 13 COURT

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33313

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0611293

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

ARIEL ZAYAS

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

625 75 Street

Suite, Apt. #, Etc.

Suite 3

City

MIAMI BEACH

State

FL

Zip Code

33141

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/22/01**

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.D

ROBERT BARNETT

7310 NW 10 COURT

PLANTATION FL 33315

VPD

SINGH. RAJ K.

6001 CYPRESS ROAD

PLANTATION FL 33315

400003623154-2

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******600.00 ****600.00**

KE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

7915035

Daytime Phone #

CP2E081 (9/99)