

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071742

1. Corporation Name

VKE DESIGN ASSOCIATES, INC.

Principal Place of Business

1490 NW 138 STREET
MIAMI FL 33167

Mailing Address

1490 NW 138 STREET
MIAMI FL 33167

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.

999 Ponce De Leon

City & State

Coral Gables, FL

Zip

33134

Country

DDOR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

65-0483008

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	EDDEN, VANESSA K	1490 NW 138 STREET	MIAMI FL 33167

300002391309--9

-01/06/98--01075--020

*****750.00 *****750.00

JD
12/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDDEN, VANESSA K
1490 NW 138 STREET
MIAMI FL 33167

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

Vanessa K. Edden

REGISTERED AGENT MUST SIGN

Date

12/31/97

11. This corporation owes or has paid 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:

Vanessa K. Edden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/97

Daytime Phone #

FILED

98 JAN -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97

CP2E040 (8/97)