

P95000087083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -5 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087083

1. Corporation Name

VP Ventures, Inc.

300005754243--0

-06/11/02--01102--001

****900.00 ****900.00

2. Principal Office Address

1801 S. Federal Hwy

Suite, Apt. #, etc.

#300

City & State

Dayton Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

1801 S. Federal Hwy

Suite, Apt. #, etc.

#300

City & State

Dayton Beach, FL

Zip

33483

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-95

5. FEI Number

105-D140327

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

Martin Cherry

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

1801 S. Federal Hwy

Suite, Apt. #, Etc.

#300

City

Dayton Beach

State
FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

6/4/02

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
D/P/T	Martin Cherry	1801 S. Federal Hwy #300	Dayton Beach, FL 33483
D/P/PS	Jack Potenza	25 Harvard	Lake Worth, FL 33460

REINSTATEMENT 2001-2002

BK

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/02

Daytime Phone #

561-272-5667

CR2E081 (9/01)