

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 500002829935

1. Corporation Name V.I.P. SALES & LEASING, INC.

Principal Place of Business

Mailing Address

740 14th St.  
VERO BEACH, FL 32960

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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0646537

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
PRESIDENT	CHERYL SILVESTRI	240 SEAGULL AVE	VERO BEACH, FL 32960

500002829935--7  
-04/05/99--01142--011  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHERYL SILVESTRI  
240 SEAGULL AVE  
VERO BEACH, FL 32960

Name

Street Address (P.O. Box Numbers 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3.22.99

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

Yes ☐ No ☒

(See instructions for information on filing this form)

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)(g), 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

3.22.99

Date

561-720-3010

Display Phone #

V.  
I.  
P.

***Sales & Leasing, Inc.***

740-A 14th Street  
Vero Beach, Florida 32960  
(561) 770-3010 • Fax: (561) 770-1063



March 24, 1999

FLORIDA DEPT OF STATE

Corporate Records

PO Box 6327

Tallahassee, FL 32314

This letter is to inform you that we are reinstating our corporation. We were canceled due to the fact that we never did receive your letters. Somehow, you had a WRONG address for us.

The correct address is as follows: V.I.P. SALES & LEASING, INC

740-A 14th Street (not Ave. That was the problem)

Vero Beach, FL 32960

I am enclosing a check for \$300.00, \$ 150.00 for 1998 and \$ 150.00 for 1999. I was also told that you would waive any late charges since I never did receive these letters.

Please put this reinstatement in as soon as you can. If you have any questions, please call me.

Thanking you in advance.

V.I.P. SALES & LEASING, INC

Cheryl Silvestri

President/Owner

CS/ll