

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027094

1. Corporation Name

VNV PRODUCTIONS, INC.

Principal Place of Business

1000 PONCE DE LEON

319

CORAL-GABLES-FL-33131

US

Mailing Address

1000 PONCE DE LEON

319

CORAL-GABLES-FL-33131

US

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

03/27/1996

5. FEI Number

65-0715847

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



700009045927  
11/18/02--01042--005 \*\*150.00

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	4 City / State / Zip
PSD	VARA, VIRGILIO	1541 BRICKELL AVE APT 2804	MIAMI FL 33129

8. Name and Address of Current Registered Agent

VARA, VIRGILIO  
1541 BRICKELL AVE  
APT 2804  
MIAMI FL 33129

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/11/02

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02 (305) 774 9060  
Date Daytime Phone #

CR2E040 (8/02)

**VNV**  
**PRODUCTIONS, INC.**

November 13, 2002

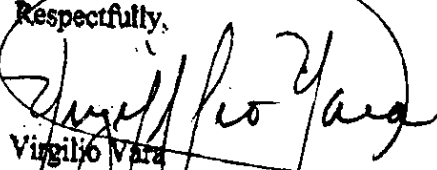
Florida Department of State  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom This May Concern,

Please be informed that I have yet to receive an invoice for payment for *VNV Productions, Inc.*, Document No. P96000027094, FEI No. 65-0715847.

Per the conversation I had with your representative I have enclosed a check in the amount of \$150 paid to the order of Department of State. If you have any questions or need any more information please contact me at 305-774-9060.

Respectfully,



Virgilio Vara  
President, VNV Productions, Inc.