

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PM 2:33

DOCUMENT # **P96000027851**

1. Corporation Name

VIP CONCIERGE SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE FL 33009

620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE FL 33009

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-2655221

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BOLLHORST, LISA M	620 NORTHEAST 12TH AVENUE, SUITE	HALLANDALE FL 33009
S	BOLLHORST, LEANDER K	620 NORTHEAST 12TH AVENUE, SUITE	HALLANDALE FL 33009

100023750941

10/13/03--01069--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLLHORST, LISA
620 NORTHEAST 12TH AVENUE
SUITE 603
HALLANDALE FL 33009

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 10/10/03 954.456.3570

Date

Daytime Phone #

CR2040 (7/03)

LISA BOLLHORST

VIP Concierge Services Int'l., Inc.

telephone 954-456-3570
facsimile 954-456-5058
email VIPCSI@aol.com

620 Northeast 12th Ave., Suite 603
Hallandale, Florida 33009

October 10, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

Dear Madams & Sirs:

May this letter serve as confirmation that I did not receive the two prior UBR notices. If I had, they would have been paid immedialtey.

I have completed the form and enclosed my payment of \$150.00 as requested to bring my account up to date.

Thank you kindly for your attention to this matter.

Sincerely,


Lisa Bollhorst

President

VIP Concierge Services Int'l., Inc.