

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 # P96000094327

1. Corporation Name

VIP AMERICA, INC.

Principal Place of Business

2973 S.W. BRIGHTON WAY
PALM CITY FL 34990

Mailing Address

2973 S.W. BRIGHTON WAY
PALM CITY FL 34990

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.

1760 SE SALERNO ROAD

City & State

STUART, FL

Zip

34997

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 919

City & State

PALM CITY, FL

Zip

34991

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1996

5. FEI Number

65-0715645

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
PRES.	JAMES T. COLLINS	1760 SE SALERNO ROAD	STUART FL

800002344778-4
-11/12/97-01080-011
******758.75 ****758.75**

REINSTATEMENT

8. Name and Address of Current Registered Agent

COLLINS, JAMES T
2973 S.W. BRIGHTON WAY
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

JAMES T. COLLINS

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

1760 SE SALERNO ROAD

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

11-5-97

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:

[Signature] **JAMES T. COLLINS Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-97

Daytime Phone #

561-220-6005

CR2000 (8/97)