

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 12:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000098877

1. Corporation Name
V. T. A. INVESTMENTS INC.

Principal Place of Business
**6151 SW 156 CT
MIAMI FL 33193**

Mailing Address
**6151 SW 156 CT
MIAMI FL 33193**



REINSTATEMENT *9/7/97*

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

12/06/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0730662**

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)

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
D	GOMEZ, PEDRO	6151 SW 156 CT	MIAMI FL 33193

500002383695--5
-12/26/97--01098--002
****758.75 ****758.75

8. Name and Address of Current Registered Agent

**DALTON, PATRICIA
2160 ALAMANDA DRIVE
N MIAMI FL 33181**

9. Name and Address of New Registered Agent

Name **FLORENCIO GOMEZ**
Street Address (P.O. Box Number is Not Acceptable)
16263 SW 81 STREET
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33193**

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 **12-5-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

PAID
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] **PEDRO GOMEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-97 **383-7404**
Date Daytime Phone #