

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -1 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000004797

1. Corporation Name

VRM Corporation

Principal Place of Business

1865 Northeast 24th Street
Lighthouse Point, Florida 33064

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1865 Northeast 24th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Lighthouse Point, Florida

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 13, 1997

5. FEI Number

65-0718286

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-99
109
2/1/99

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 |
|---------------|---|--|-------------------------------------|
| P/D | Colon, Michael A. | 1865 Northeast 24th Street | Lighthouse Point, Florida 33064 |
| V/S/T/D | Royer, Raymond E. | P.O. Box 1079 | Deerfield Beach, Florida 33443-1079 |
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800002794728-4
-03/04/99-01071-006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Robert W. Frazier, Jr.
Frazier, Hotte & Associates, P.A.
2400 East Commercial Boulevard, Suite 826
Fort Lauderdale, Florida 33308

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.

Signature of
Registered Agent

Robert W. Frazier, Jr.
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

Michael A. Colon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
Date

954-489-0440
Daytime Phone #