

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN 17 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000011069

1. Corporation Name

Virtual B4 T&amp;H Inc.

2. Principal Office Address

15822 SW 99 Ter.

Suite, Apt. #, etc.

City &amp; State

Miami, FL

Zip

33196

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0736361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Restrepo Helda

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

15822 SW 99 Terrace

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33196

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Restrepo Helda	15822 SW 99 terrace	Miami, FL. 33196
VP	Gonzalez Tamara	15822 SW 99 terrace	Miami, FL. 33196

10. 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

Date

Daytime Phone #

CR2E081 (9/99)