

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046087

1. Corporation Name

VILLOCH ENTERPRISES, INC.

Principal Place of Business

9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

~~11050 OLD CUTLER RD~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~11050 OLD CUTLER RD~~
Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip 33156

Country U.S.A.

City & State

Coral Gables FL

Zip 33156

Country U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1997

SP

5. FEI Number

65-0758750

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	VILLOCH, CHARLES A	9050 PINES BLVD. SUITE 450-F	PEMBROKE PINES FL 33024
SVD	VILLOCH, TERRIE L	9050 PINES BLVD. SUITE 450-F	PEMBROKE PINES FL 33024

800003078778--4
-12/23/99--01007--003
***758.75 ***758.75

8. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

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

Don Gonzalez

REGISTERED AGENT MUST SIGN

Date Oct. 18, 1999

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

William M. [Signature]

10.30.99

Date

305 662 5684

Daytime Phone #

CR25040 (8/99)