

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -3 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046087

1. Corporation Name

VILLOCH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

11050 OLD CUTLER RD
CORAL GABLES FL 33156

11050 OLD CUTLER RD
CORAL GABLES FL 33156

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1997

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

700004730057--2
-12/18/01--01025--018
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GONZALEZ, GONZALO~~
~~9050 PINES BLVD.~~
~~SUITE 450-F~~
~~PEMBROKE PINES FL 33024~~

Charles Villoch
11050 Old Cutler Rd
Coral Gables FL 33156

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 X

REGISTERED AGENT MUST SIGN

Date

12/29/01

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

Date

Daytime Phone #

12/29/01

CR2E040 (8/01)

CHARLES A. VILLOCH
11050 Old Cutler Road
Coral Gables, Fl. 33156

November 21, 2001

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Villoch Enterprises, Inc.
Document # P97000046087

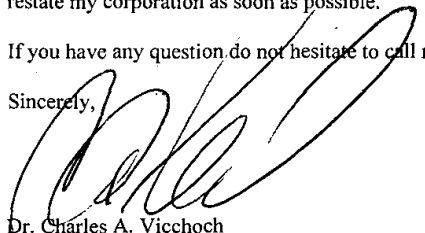
Dear Sr. or Madam:

This letter is to notify you that I did not paid my corporate annual fee before because I did not received the Annual Corporate Report.

Enclosed find a check for \$ 150.00 as per our telephone conversation. Please abate the restatement fees and restate my corporation as soon as possible.

If you have any question do not hesitate to call me at 305-858-2211

Sincerely,


Dr. Charles A. Vicchoch

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