


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 98 DEC 28 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97D00DD95824 1. Corporation Name VONNI, INC. 16-000254-01					
Principal Place of Business 116 N. 13 AVE Hollywood, FL 33019		Mailing Address #107 116 N. 13 AVE. Hollywood, FL 33019			
If above addresses are incorrect in any way, line through incorrect information and enter correct information.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		5. FEI Number 65-0800256 Date incorporated or qualified to do business in Florida 11-7-97 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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		
P.S.T.	CAROL THOMAS	#107 116 N. 13 AVE	Hollywood, FL 33019		
8. Name and Address of Current Registered Agent Filings, INC. 3732 NW 16th Street Fort Lauderdale, FL 33311			9. Name and Address of New Registered Agent Name DEBORAH J. KOWALSKY, P.A. Street Address (P.O. Box Number is Not Acceptable) 2501 HOLLYWOOD BLVD. Suite, Apt. #, Etc. Suite 206 City HOLLYWOOD State FL Zip Code 33020		
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 Deborah J. Kowalsky Date 12/23/98 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Carol Thomas, Pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12/18/98 Date		(954) 929-1655 Daytime Phone #	

CR2040 (1/98)