

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01-02482

DOCUMENT # P98000015487

1. Corporation Name

M & S S/VCCO INC
12411 EAGLE CLAW LANE
JACKSONVILLE, FL 32225

2. Principal Office Address

12411 EAGLE CLAW LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32225

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/17/1998

5. FEI Number

59-3493142

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

Miroslav VALCAK

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

12411 EAGLE CLAW Lane

Suite, Apt. #, Etc.

City

Jacksonville FL 32225

State
FL

Zip Code

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 | Miroslav VALCAK | 12411 EAGLE CLAW LANE | Jax, FL 32225 |
| VP | SILVIAN SIPOS | 1164 Delving Court | Jax FL 32225 |
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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:

Miroslav Valcak

Date

02.18.02.

Daytime Phone #

CR2E081 (9/01)