

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

V. M. H. C. CORPORATION

P 98000021063

2. Principal Office Address - No P.O. Box #

2896 W. 73RD ST.

3. Mailing Office Address

2896 W. 73RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALLAH FL.

City & State

HIALLAH FL.

Zip

33018

Country

U.S.

Zip

33018

Country

U.S.

**7. Name and Address of Current Registered Agent**

Name

VICTOR CANDELARIO

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

2896 W. 73RD ST.

Suite, Apt. #, Etc.

City

HIALLAH

State

FL

Zip Code

33018

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

*Victor M. Candelario*

REGISTERED AGENT MUST SIGN

Date

12/27/09

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES.  | VICTOR MIGUEL CANDELARIO             | 2896 W. 73RD ST.                                  | HIALLAH FL. 33018  |
| V/P.   | VICTOR HUGO CANDELARIO               | 275 W. 25 ST                                      | HIALLAH FL. 33016  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**10. E-mail Address:**

(To be used for future annual report notification)

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. I further certify, 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:

*Victor M. Candelario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/09

Daytime Phone #

FILED

09 DEC 30 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

200164067102

12/30/09--01042--007 \*\*150.00

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 5 1998

5. FEI Number

65-08-18-205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.