

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 27806

1. Corporation Name

VEHEM ENTERPRISES, inc

2. Principal Office Address

16033 80ST N

Suite, Apt. #, etc.

City & State

Joxahatchee

Zip

FL

Country

33470

3. Mailing Office Address

16033 80ST N

Suite, Apt. #, etc.

City & State

Joxahatchee

Zip

FL

Country

33470

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1998

5. FEI Number

650822557

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

Stanislav Valdes

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

16033 N 80ST N

Suite, Apt. #, Etc.

City

Joxahatchee

State

FL

Zip Code

33470

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

Vania Valdes

Date

02/12/01

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
PS	Eduardo Perez	16033 80ST N	Joxahatchee FL 33470
V	Vania Valdes	16033 80ST N	Joxahatchee FL 33470

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****900.00 ****900.00

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:

Eduardo Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/01

Date

(561) 792 0031

Daytime Phone #