

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000045468

1. Corporation Name

VCONCEPTS INC.

Principal Place of Business

731 NW 207 ST
MIAMI FL 33169

Mailing Address

731 NW 207 ST
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1998

5. FEI Number

65-0843507

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
P	HALL, ROBIN	731 NW 207 ST	MIAMI FL

100008791621

11/04/02--01107--001 **150.00

8. Name and Address of Current Registered Agent

HALL, ROHAN
731 NW 207 ST
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

949-836-6538

Daytime Phone #

vConcepts, Inc.

731 NW 207 Street Miami, Fl 33169

Phone (305) 949-7558

<http://www.vconceptsinc.com>

October 30, 2002

Dear Sir/Madam:

We recently received this Certificate of Administrative Dissolution or Revocation from the State of Florida, Department of State. We have not received an earlier Annual Report, which is why we have not made an earlier payment leading to the cancellation of our certificate to do business in Florida.

We called and explained this situation and were given permission to pay the \$150 fee. Enclosed, please find a check for \$150.

Thank you for your understanding.

Regards,


Rohan Hall

vConcepts, Inc.

rohan@vconceptsinc.com