

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 28 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P9800071622**

1. Corporation Name

VICMAN ENTERPRISES INC.

400013696244
03/07/03--01062--022 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

385 HIALEAH DRIVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

3. Mailing Office Address

2025 COLLINS AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-98

5. FEI Number

05-0860491

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

MANUEL MIRANDA

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

385 HIALEAH DRIVE

Suite, Apt. # Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

Manuel Miranda

REGISTERED AGENT MUST SIGN

Date

2/25/03

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	MANUEL MIRANDA	2025 COLLINS AVE # 1207, MIAMI BEACH, FL	33140
S	VICTORIA MIRANDA	2025 COLLINS AVE, # 1207, MIAMI BEACH, FL	33140

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:

Manuel Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/03

Daytime Phone #