

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 21 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086210

1. Corporation Name

VR CONSULTING, INC.

Principal Place of Business

1253 UNIVERSITY DRIVE #246  
CORAL SPRINGS FL 33071

Mailing Address

1253 UNIVERSITY DRIVE #246  
CORAL SPRINGS FL 33071

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

10/06/1998

5. FEI Number

65-0868915

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)

| Title(s)  | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|-----------|--------------------------------------|---|-------------------------|
| PRESIDENT | VANI ROW<br>BOMMIREDDIPALLI          | 934, UNIV DR, # 146                               | CORAL SPRINGS, FL 33071 |
|           |                                      |   |                         |
|           |                                      |   |                         |
|           |                                      |   |                         |
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|           |                                      |   |                         |

900003029909--4  
-11/01/99--01007--020  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOMMIREDDIPALLI, VANI ROW  
1253 UNIVERSITY DRIVE #246  
CORAL SPRINGS FL 33071

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

B. Vani Row

REGISTERED AGENT MUST SIGN

Date 15-OCT-99

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:

B. Vani Row

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

15-OCT-99

Daytime Phone #

**VR Consulting, Inc.**

1253 University Drive, # 246  
Coral Springs, FL 33071

Tel 954 970 5747

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October 18, 1999

Division of Corporations,  
Annual Report Reinstatement Section  
P.O.Box 6327  
Tallahassee, FL 32314

Gentlemen:

I had submitted my Annual Report on schedule on April 30, 1999 with a check for \$150. I have attached a copy of the Receipt for certified mail.

I had been out of the country for several months since there had been a Tragedy in my family - my sister passed away suddenly. Therefore, I could not follow up.

The check I had sent was never cashed. Therefore, I am once again sending a check for \$150. I request you to reinstate the Corporation without any penalties.

Sincerely,

*B. Nani Row*

Vani Row Bommireddipalli  
President