

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 999000023265

1. Corporation Name

VMR. PROPERTIES, INC.

2. Principal Office Address

2128 WASHINGTON ST  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 801206  
Suite, Apt. #, etc.

City & State

Hollywood FL

Zip  
33020

Country

USA

City & State

AVENTURA, FL.

Zip

33280

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/1999

5. FEI Number

65-0902333

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

800039773888  
08/02/04--01006--002 \*\*1200.00

FILED  
04 JUL 29 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

VIRGILIO GIGANTE

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

3801 S. OCEAN DR 411

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4.15.04

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
PSD	GIGANTE, VIRGILIO	3801 S. Ocean Dr. 411 <del>Hollywood FL 330</del>	Hollywood FL 33019
ITD	GIGANTE, MARIA P	3606 MYSTIC POINT DR. 417	AVENTURA FL 33180

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)(f), 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] VIRGILIO GIGANTE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.04

Date

954-661-6609

Daytime Phone #

T. Lewis

CR2E081 (01/04)