

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028696

1. Corporation Name

VRG, INC.

Principal Place of Business

Mailing Address

5001 SW 97 CT
HOUSE
MIAMI FL 33165

5001 SW 97 CT
HOUSE
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1999

5. FEI Number

65-0908966

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
0	GONZALEZ, VICTOR R	266 NW 64 AVE	MIAMI FL 33126

100024048781
10/23/03--01052--018 **150.00

Bro/2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LAZAR, BRUCE E~~
~~2901 COLLINS AVE~~
~~MIAMI BEACH FL 33140~~

Name

VICTOR GONZALEZ

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

5001 SW 97 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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]

REGISTERED AGENT MUST SIGN

Date

✓ 10-15-2003

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]

VICTOR R. GONZALEZ

✓ 10-15-2003

✓ 305-389-6449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 16, 2003

Department of State

To Whom It May Concern:

I, Victor R. Gonzalez, sent a check for the amount that was asked for earlier in the year. The check was returned to the bank for the reason that I made the check to U.S. Dept. of State. Here I send you a copy of the check.

Also, I never received a letter that the check was returned.

If you need to talk to me, please call me at 305-389-6661.

Sincerely,

Victor R. Gonzalez