

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058430

1. Corporation Name

Versatile Construction Enterprise Co.

700162639267
11/09/09--01060--013 **300.00

11-13-09

REINSTATEMENT

2. Principal Office Address- No P.O. Box #

5744 Pembroke Road

3. Mailing Office Address

4798 NW 41st Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Lauderdale Lakes, FL

Zip

Country

33023

USA

Zip

Country

33319

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1999

5. FEI Number

65-0938330

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

James Whorley

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

4798 NW 41st Court

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date 11/05/2009

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	James Whorley	4798 NW 41st Court	Lauderdale Lakes, FL 33319
VP	Ora Whorley	4798 NW 41st Court	Lauderdale Lakes, FL 33319
S	Victoria White	5744 Pembroke Road	Hollywood, FL 33023

10. E-mail Address: whorley@aol.com

(To be used for future annual report modifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: X

President

James Whorley

11/05/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone