

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
T. J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 1:44

DOCUMENT # P99000083359

1. Corporation Name

V.J.B. INC.

Principal Place of Business

Mailing Address

9646 US HWY. 301 SOUTH
RIVERVIEW FL 33569

9646 US HWY. 301 SOUTH
RIVERVIEW FL 33569

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3591247

Not Applicable

Zip

Country

Zip

Country

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
D	MILLER, BRIAN	2015 SAGINAW CT.	OLDSMAR FL 34677
D	MILLER, JERRY	4924 DUNNWOODY PL.	OLDSMAR FL 34677

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, BRIAN
2015 SAGINAW CT.
OLDSMAR FL 34677

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

October 17, 2000

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

V.J.B. INC.
9646 U.S. Highway 301 South
Riverview, FL 33569

To whom it may concern,

I have recently received an application for reinstatement in the mail for the corporation V.J.B. Inc. I was not aware that our company would have to pay \$750.00 every year to have the corporate name reinstated. I have contacted the Department of State about this matter. I was told that I should have paid \$150.00 to renew the corporation. The person at the Department of State told me that the form was mailed to us in January 2000. I have no record of receiving any form from the department of state. I have searched every file we have and can not locate the form. The Department of State instructed me to write a letter to your office and enclose a check for \$150.00, and that this would take care of this matter. I may be contacted at (813)-672-4434, if you have any questions regarding this matter. Thank you.

Brian Miller,
President
V.J.B. Inc.