PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S13490

1. Corporation Name
V.P. Records of Florida INC
6022 SW 21st St
Miramar FL 33023

Principal Place of Business
6022 SW 21st St
Miramar FL
33023

Mailing Address
SAME

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

REINSTATEMENT 98-01

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 11/1/91

5. FEI Number 65-0254628

6. CERTIFICATE OF STATUS DESIRED ☐

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
CP	CHIN, VINCENT RANDY D	89-05 138TH STREET	JAMAICA NY 11435
DT	CHIN, CHRISTOPHER	89-05 138TH STREET	JAMAICA NY 11435
S	CHIN, ANGELA	4394 SW 131 Ave	DAVIE FL 33330

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

CT Corporation System
1200 Pine Island Rd
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name: Angela Chung
Street Address (P.O. Box Number is Not Acceptable): 4394 SW 131 Ave
Suite, Apt. #, Etc.:
City: Davie
State: FL Zip Code: 33330

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 X Angela Chung Date
REGISTERED AGENT MUST SIGN

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 w 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., the 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 informati on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: X Angela Chung 1/4/01 954-922-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #