

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 AUG 26 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S90700**

1. Corporation Name  
**VANILLA OVERSEAS GROUP INC.**

Principal Place of Business  
**8840 BELLANCA AVE.  
LOS ANGELES CA. 90045**

Mailing Address  
**P.O. BOX 91422  
LOS ANGELES CA. 90009-1422**

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 <b>10/29/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0296446</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	COLIN Marc F.	131 BLVD. GENERAL KOENIG	NEUILLY-FRANCE-92200
VP	COLIN Marie F.	131 BLVD. GENERAL KOENIG	NEUILLY-FRANCE-92200

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-08/28/98-01074-028  
\*\*\*1358.75\*\*\*1358.75  
8-2-98

8. Name and Address of Current Registered Agent

COLIN Marc F.  
1627 BRICKELL AVE. # 601  
MIAMI FL. 33129

9. Name and Address of New Registered Agent

Name  
**VAN MALDEREN Evrard**

Street Address (P.O. Box Number is Not Acceptable)  
**7162 LAKE ISLAND DRIVE**

Suite, Apt. #, Etc.

City  
**LAKE WORTH**

State  
**FL**

Zip Code  
**33467**

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]*  
REGISTERED AGENT MUST SIGN

Date **8/20/1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc F. COLIN

8/19/1998

1-800-600 6830

Date

Daytime Phone #

CR2E040 (1-98)