

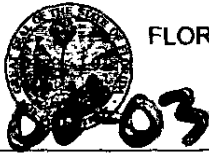
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V05064**

1. Corporation Name

VINNY'S DAIRY PRODUCTS, INC.

2. Principal Office Address

3. Mailing Office Address

1564 BRIDGEWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33434

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/1992

5. FEI Number

65-0303482

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

VINCENT DE LUCA

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

1564 BRIDGEWOOD DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33434

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

Signature of
Registered Agent

Vincent De Luca

REGISTERED AGENT MUST SIGN

Date

4/21/03

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
PRES	VINCENT DE LUCA	1564 Bridgewood Dr.	Boca Raton, FL 33434

10. 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:

Vincent De Luca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/03

Daytime Phone #

561-488-6094

CR2E081 (10/02)

J 9/30

1564 Bridgewood Drive
Boca Raton, Florida 33434

April 21, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

RE: Reinstatement of Corporation

Attached herewith is my reinstatement form for my corporation along with my check for \$600.00 for the fees up to date.

I moved and did not receive the corporation renewal for the year 2000. I am requesting that the \$600.00 reinstatement fee be waived due to the fact that I never received the renewal form. Thank you.

Sincerely Yours,



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Vincent J. De Luca
Vinny's Dairy, Inc