

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 11 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V09877

1. Corporation Name

VCC Development Corp.

2. Principal Office Address

6800 SW 40<sup>th</sup> Street

Suite, Apt. #, etc.

297

City &amp; State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0315038

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

Victor Calvo

000004287260

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

6800 SW 40<sup>th</sup> Street

Suite, Apt. #, Etc.

297

City

Miami

State

FL

Zip Code

33155

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:

Date 5-10-01

REGISTERED AGENT MUST SIGN

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
PDS	Victor Calvo	6800 SW 40 <sup>th</sup> Street, #297	Miami, FL 33155

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:

  
VICTOR E. CALVO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01

Date

(305) 776-1510

Daytime Phone

DR/ES01 (9/00)