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	3. Mailing Office Address
6800 SW 40th Street	
Suite, Apt. #, etc. 297	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33155 Country USA	Zip Country

[redacted] 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

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-05/22/01--01067--005
****308.75 ****308.75 LS

Street Address (P.O. Box Number is Not Acceptable): 6800 SW 40th 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 40th 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 5/10/01 (305)776-1510

CR2E031 (10/00)