

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

Jan 09 1997 8:00 am
Secretary of State

DOCUMENT # H 50578 / H 50578

VIDAL INC.
3324 CONFETTI LANE
MARGATE FL 33063

Mailing Address

3324 CONFETTI LANE
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

City & State

Not Applicable

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.	VIDAL RONALD	3324 CONFETTI LANE	MARGATE FL 33063
			200002056532--9 -01/14/97--01056--002 ****\$75.00 ****\$75.00
		REINSTATEMENT 95-96 A.d. l... 1/8/97	

9. Name and Address of New Registered Agent

VIDAL RONALD
3324 CONFETTI LANE
MARGATE FLA 33063

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date _____

11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E040 (12/95)