

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:54

RECEIVED  
FLORIDA

03-05

DOCUMENT # L25418

1. Corporation Name

VISTA DA LAGOA, INC.

2. Principal Office Address

555 BELCHER ROAD

3. Mailing Office Address

555 BELCHER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

Zip

33771

Country

USA

Zip

33771

Country

USA

100060051431  
09/28/05--01057--005 \*\*1050.00

**REINSTATEMENT**  
Do Business in Florida 10/25/05

5. FEI Number  
59-2979048

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

G. MICHAEL MACKENZIE, P.A.

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

1027 BROADWAY

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

*G. Michael Mackenzie*  
REGISTERED AGENT MUST SIGN

Date 9/6/05

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
P	ERMIDIO ALVES	24 GEORGE STREET, NORTH 2ND FLOOR	BRAMPTON, ON L6X1R2 CANADA

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:

*Ermidio Alves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERMIDIO ALVES

Date

905-453-0114

Daytime Phone #

CR2E081 (01/05)

SEP 29 2005