PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 WAS

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000085292**

1. Corporation Name

VARGAS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
417 RIVERWOODS CIRCLE ORLANDO FL 32825	417 RIVERWOODS CIRCLE ORLANDO FL 32825

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/05/2000**

5. FEI Number: **59-3669357** ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VARGAS, ANGEL L	417 RIVERWOODS CIRCLE	ORLANDO FL 32825
V	VARGAS, CECILIA	417 RIVERWOODS CIRCLE	ORLANDO FL 32825

600003769956
11/04/02--01094--009 **150.00

8. Name and Address of Current Registered Agent

VARGAS, ANGEL L
417 RIVERWOODS CIRCLE
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Angel L Vargas SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/31/02

11. 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: Angel L Vargas SIGNATURE REQUIRED — 10/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VARGAS AND ASSOCIATES
417 Riverwoods Circle
Orlando, FL 32825

October 30, 2002

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Reference: Notice of Administrative Dissolution or Revocation
Document No. P00000085292

Dear Sir:

In reference to the above, I have never received any previous notices, other than this Notice, which I am referring to. As obviously, you have my correct address, I would had received any other previous notices sent to me.

Therefore, I would like to ask from you to pardon any pertinent late fees so that I can get by Business reinstated.

I am including a check for $150.00 dollars to cover for the annual Report fee of such Business, since it seems that there has been an error on your part.

Hoping to hear from you soon, I remain

Respectfully,

Angel Luis Vargas
President

Angel L Vargas