PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 FEB 24 AM 9: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
04000008130

DOCUMENT # P00000085292

1. Corporation Name

VARGAS & ASSOCIATES, INC,

417 RIVERWOOD CIR

70004353838? 150.00
12/20/04--01071--013 **150.00
06/09/03 90618 032 $150.00
70004353838?
12/20/04--01071--014 **8.75 03-05

2. Principal Office Address	3. Mailing Office Address
417 RIVERWOOD CIR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
ORLANDO, FLORIDA	
Zip	Country	Zip	Country
32825	ORANGE		

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

5. FEI Number	Applied For
59-3669357	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
ANGEL L VARGAS

REINSTATEMENT

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

Suite, Apt. #, Etc.

City	State	Zip Code
ORLANDO	FL	32825

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 _Angel Vargas_
REGISTERED AGENT MUST SIGN

Date 12/8/2004

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	ANGEL L VARGAS	417 RIVERWOODS CIRCLE	ORLANDO, FL 32825
VP	CECILIA VARGAS	417 RIVERWOODS CIRCLE	ORLANDO, FL 32825
		70004353838? 03/07/05--01006--010 **591.25	
		70004353838? 03/07/05--01006--011 **150.00	
		70004353838? 03/07/05--01006--012 **8.75	

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: _L Vargas / Vice-President_ 12/15/04 407-281-6956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (01/04)