

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 4 AM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000124268

1. Corporation Name

Vax, Inc.

2. Principal Office Address - No P.O. Box #

8805 South Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32952

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/04

5. FEI Number

20-1549910

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

Jerry Vaxmonsky

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

8805 South Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

300267117773
12/04/14--01024--002 **\$100.00

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

REGISTERED AGENT MUST SIGN

Date 11/26/14

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 | Jerry Vaxmonsky | 8805 South Tropical Trail | Merritt Island, FL 32952 |
| VP | Marie Vaxmonsky | 8805 South Tropical Trail | Merritt Island, FL 32952 |
| D | Ryan Vaxmonsky | 6461 Borasco Drive | Melbourne, FL 32940 |
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REINSTATEMENT

2013 2014

DEC 5-2014

M. WILLIAMS

10. E-mail Address: srozzo@flavincpa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/14

321-952-9097

Date

Daytime Phone #