

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 APR -4 PM 3:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000086073**

1. Corporation Name

**VISTA MUNDO INC**

Principal Place of Business

Mailing Address

**3760 NE 15 TOWN**

**51210**

**POMPAHO BEACH, FL**

**P.O. Box.**

**LIGHTHOUSE POINT,**

**33064**

**FL 33074**

**REINSTATEMENT 90-97**

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

4. Date Incorporated or Qualified To Do Business in Florida

**11-08-95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	VICTOR TAPIA	3760 NE 15 TOWN	POMPAHO BEACH, FL 33064
V-P	LYDIA TAPIA	"	"
TREAS.	FERNANDO TAPIA	"	"
			300002135968-0
			04/08/97 01031 015
			***\$15.00 ***\$15.00
			04-4-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TAPIA, FERNANDO**

**3760 NE 15 TOWN**

**POMPAHO BEACH, FL**

**33064**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Fernando Tapia*  
 REGISTERED AGENT MUST SIGN

Date **3-14-97**

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 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:

*Fernando Tapia*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-97 954 785-6049**  
 Date Daytime Phone #

CPRE040 (12/96)