

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 469634

1. Corporation Name

ELOY VAZQUEZ AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4011 W FLAGLER ST #503
MIAMI FL 33134

4011 W FLAGLER ST #503
MIAMI FL 33134

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

2. New Principal Office Address, If Applicable

3430 EAST 1ST AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3430 EAST 1ST AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33013

Country

USA

Zip

33013

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1975

5. FEI Number

59-1579316

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	VAZQUEZ, ELOY	3430 E 1ST AVE	HIALEAH FL
TD	VAZQUEZ, JORGE E.	3430 E 1ST AVE	HIALEAH FL

100002706251--1
-12/08/98--01050--020
****758.75 ****758.75

8. Name and Address of Current Registered Agent

VAZQUEZ, ELOY
3430 E 1ST AVE
HIALEAH FL 33013

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

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELOY VAZQUEZ PD

11/12/98

(305) 541-5023

CR2E040 (8/98)