PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT	PLICATION FLORIDA DEPARTMENT DIVISION OF CORPORA			CORETARY OF STATE		
DOCUMENT # 470578 1. Corporation Name				99 OCT 21 AM 8: 49		
VAMEL CORPORATION			•			
			<u> </u>			}
Mailing Address Principal Place of Business 1005 S.W. 87TH AVE. MIAMI, FL. 33174 Principal Place of Business 663 FLAGAMI BLVD. MIAMI, FL. 33144						
If above addresses are incorrect in any way, line three				4. Date Incom	DO NOT WRITE IN THIS SPACE	<u> </u>
				To Do Busi 2/26	ness in Florida	1
Suite, Apt. #, etc. Suite, Apt. City & State City & State		·		5. FEI Number Applied		Applied For Not Applicable
Zip Country	Zip	Country		6.	S OF STATUS DESIDED 58 75	Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florid	la nonprofit corporal	ions must list at lea	st 3 directors)		
Tritle(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb			City / State / Zip		
P/D/S/T VEREZ, MANUEL J.		663 FLAGAM			MIAMI, FL. 33144	
				1000030324718 -11/02/9901070015 ****150.00 ****150.00		
					Dhiolog	
8. Name and Address of Current i	Registered Agent	·		9. Name and	Address of New Registered Age	
MANUEL J. VEREZ 663 FLAGAMI BLVD. MIAMI, FL. 33144			MANUEL J. VEREZ Street Address (P.O. Box Number is Not Acceptable) 663 FLAGAMI BLVD.			
MIAMI, FL. 33144			Suite, Apt. #, Etc.			
10 I, being appointed the registered agent of the above named dorporation, am familiar with and accept the					FL]	33144
Signature of Registered Agent # Manual Registered Agent # Registered A	ve named corpora	M.	in and accept the ol	ыданоль от Sec 	Date10/18/99	
11. If this corporation is a non-p	rofit with I.F	R.S. 501(c)(3) tax exem	npt status,	check this box	(See other side for additional information.)
12. Does this corporation pay a Dept. of Revenue under S.	any intangit	ble tax to th	e utes. Yes	☐ No l	(See other side to on intangit	
13. I do hereby certify that the information supplied wease the Division of Corporations from any liability certify that I am an officer or director or the receiths reinstatement application the reason for dissers owed by the corporation have been paid. Tunder oath.	vith this filing is vo ty of non-complian ver or trustee emp olution has been i	pluntarily furnished a nce with Section 115 powered to execute eliminated, the corp	and does not qualify 0.07(3)(k) in the even this application as porate name satisfic	for the exemption that the information provided for incest the requirement	on stated in Section 119.07(3)(k), mation supplied is deemed exemp chapter 607 or 617, F.S. I further ants of section 607.0401 or 617.0	Florida Statutes. I re- t from public access. I certify that when filing 401, F.S., and that all
SIGNATURE: MANUEL SIGNATURE AND TYPED OR PRI	NTED NAME OF SIG	CHILD		UEL J. VE		05-266-0575 me Phone #

OCTOBER 18, 1999

DEPARTMENT OF STATE DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL. 32314

RE: VAMEL CORPORATION DOCUMENT #470578

DEAR SIRS:

ATTACHED YOU WILL FIND A CHECK FOR THE AMOUNT OF \$150.00 TO REINSTATE THE CORPORATION VAMEL CORPORATION, AS PER AN OFFICER INSTRUCTIONS.

I CALLED THE DEPARTMENT OF STATE AND I TALKED TO AN OFFICER AND I EXPLAINED THAT THE CORPORATION ANNUAL REPORT FORM WAS NOT REC'D, NEITHER THE IST NOTICE NOR THE 2ND NOTICE. THE OFFICER TOLD ME TO WRITE A LETTER TO LET THEM KNOW WHAT WAS THE PROBLEM.

THANK YOU IN ADVANCE FOR YOUR COOCERATION IN THIS MATTER.

SINCERELY,

VAMEL CORPORATION MANUEL VEREZ

1005 S.W. 87TH AVE. MIAMI, FL. 33174

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