

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 29 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651361

1. Corporation Name

VADEX PORT CORP.

2. Principal Office Address

1210 COUNTRY CLUB PRADO

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip 33134

Country

USA

3. Mailing Office Address

1210 COUNTRY CLUB PRADO

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip 33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-79

5. FEI Number

59-2009972

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

JOSE R. VADES

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

1210 COUNTRY CLUB PRADO

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

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

[Signature]

Date

10/15/04

REGISTERED AGENT MUST SIGN

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
PD	VADES-PEREZ, JENNIFER	1210 COUNTRY CLUB PRADO	C. GABLES, FL. 33134
TD	VADES, JOSE R.	1210 COUNTRY CLUB PRADO	C. GABLES, FL. 33134
SD	VADES, JOSE R.	1210 COUNTRY CLUB PRADO	C. GABLES, FL. 33134

700043693887
12/29/04--01025--020 ***908.75

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/04

Daytime Phone #

305-2641133

CR2E081 (01/04)