

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 13 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 745830

1. Corporation Name

VAKA, Inc.

2. Principal Office Address

121 North B Street

3. Mailing Office Address

121 North B Street

Suite, Apt. #, etc.

Apt # 3

Suite, Apt. #, etc.

Apt # 3

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

REINSTATEMENT 02-03
000010061390
01/13/03--01097--006 **297.50
000010061390
01/13/03--01097--007 **8.75

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/79

5. FEI Number

650022567

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

Gary D. Fields

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

4400 PGA Boulevard

Suite, Apt. #, Etc.

Suite 700

City

Palm Beach Gardens

State

FL

Zip Code

33410

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 1/7/03

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
PDT	Milagros Villafane	121 North B Street, Apt. 3	Lake Worth/FL/33460
VD	Vincent Villafane	121 North B Street, Apt. 3	Lake Worth/FL/33460
SD	Abraham Cdshami	121 North B Street, Apt. 3	Lake Worth/FL/33460

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milagros Villafane, MILAGROS VILLAFANE 1/8/03 561-582-3273

Date

Daytime Phone #

CR2E081 (10/02)