

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000596

1. Corporation Name

Vaughn Bay Construction, Inc.

2. Principal Office Address - No P.O. Box #

1911 65th Avenue West

Suite, Apt. #, etc.

3. Mailing Office Address

2430 Estancia Boulevard, Suite 114

Suite, Apt. #, etc.

City & State

Tacoma, WA

City & State

Clearwater, FL

Zip

98466

Country

USA

Zip

33761

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

January 31, 2001

5. FEI Number
91-1547611

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
David O. Cantu

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

2430 Estancia Boulevard, Suite 114

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33761

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David O. Cantu

Date **May 15, 2007**

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
PSTD	Stephen W. Page	1911 65th Avenue West	Tacoma, WA 98466
VPD	Paul W. Page	1911 65th Avenue West	Tacoma, WA 98466

REINSTATEMENT

B 5/24/07

02-07

400103284544
05/23/07-01015-008 **1500.00

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 contained in Chapter 119, 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: *Stephen W. Page* Stephen W. Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

Date

253-460-3000

Daytime Phone #