

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 16 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #F56524

1. Corporation Name

Vantage Brokerage Corporation

800004547588--8
-08/21/01--01073--023
***1350.00 ***1350.00

2. Principal Office Address

871 San Pedro Ave.

Suite, Apt. #, etc.

City & State

Oral Gables FL

Zip

33156

Country

USA

3. Mailing Office Address

P.O. BOX 561837

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

U.S.A.

REINSTATEMENT 97-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2148389

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

RONALD E. DOBELSTEIN, P.A.

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

9130 S. Dadeland Blvd. Suite 1510

Suite, Apt. #, Etc.

Suite 1510

City

Miami

State
FL

Zip Code
33156

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

Ronald E. Dobelstein, P.A.

Date 8/15/01

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
P	Norman W. Hinton	871 San Pedro Ave	CG, FL 33156

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:

Norman W. Hinton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/01

305-718-4283

Daytime Phone #

CR2E081 (9/00)