PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 PM 1:30

DOCUMENT # F83845

1. Corporation Name

Vandepas Corporation

2. Principal Office Address

2395 Tallahassee

Suite, Apt. #, etc.

City & State

Weston, FL.

Zip	Country
33326	

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip	Country

REINSTATEMENT 95.00

4. Date Incorporated or Qualified To Do Business in Florida

1985

5. FEI Number

59-2198657

☐ 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 G. Vandepas

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

2395 Tallahassee

Suite, Apt. #, Etc.

City

Weston,

State	Zip Code
FL	33326

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***1500.00 ***1500.00

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 _____ Date 10/24/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
President	David G. Vandepas	2395 Tallahassee	Weston, FL. 33326

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: _____ David G. Vandepas   10/24/00   954-340-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #