

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000203

1. Corporation Name

VINTEN INC.

Principal Place of Business

709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

Mailing Address

709 EXECUTIVE BLVD.
VALLEY COTTAGE NY 10989

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida		01/13/1997	
5. FEI Number		11-2800192	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHWENK, KEN	709 EXECUTIVE BLVD.	VALLEY COTTAGE NY 10989
TD	PISCITELLI, NICHOLAS	709 EXECUTIVE BLVD.	VALLEY COTTAGE NY 10989
S	MARTELL, MICHAEL L	521 5TH AVE., 22ND FLOOR	NEW YORK NY 10175
VDC	BAGGOTT, MALCOLM A	21 LONDON END, THE MALT HOUSE	BEACONSFIELD BUCKINGHAMSHIRE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

200002691882 9

11/19/98-D1088-004

***750.00 ***750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Laura R. Dwyer

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-18-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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

Daytime Phone #

CR2E040 (8/98)