

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -7 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28070

1. Corporation Name

Vazquez Holding Company

800131507608
06/19/08--01039--023 **2258.50

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

5220 NW 72 AVE

3. Mailing Office Address

5220 NW 72 AVE

Suite, Apt. #, etc.

Bay #9

Suite, Apt. #, etc.

Bay #9

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

REINSTATEMENT 1998-08

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1988

5. FEI Number

65-0066542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name MIAMI CORPORATE REGISTRY

Street Address (P.O. Box Number is Not Acceptable)
2100 W. 76 ST

Suite, Apt. #, Etc.

#212

City

MIAMI

State

FL

Zip Code

33016

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

MIAMI CORPORATE REGISTRY
By [Signature]

REGISTERED AGENT MUST SIGN

ROBERTO BESU

Date 6/16/08

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
PDS	ROBERTO N. VAZQUEZ	5220 NW 72 AVE. BAY #9	MIAMI FL 33166
D	WAGNER FERREIRA	RUA STELLA 515, BLOCCO A	SAO PAULO, BRAZIL

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO N. VAZQUEZ

Date

6/16/08

Daytime Phone #

305-471-9898

207/9