

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 MAY 26 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **L15020**

1. Corporation Name

VADELL ELECTRICAL CONTRACTOR INC

2. Principal Office Address

12540 SW 37th

Suite, Apt. #, etc.

n/a

City & State

Miami FL

Zip **33175**

Country **Miami Dade**

3. Mailing Office Address

12540 SW 37th

Suite, Apt. #, etc.

n/a

City & State

Miami FL

Zip **33175**

Country **Miami Dade**

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

09/08/89

5. FEL Number

65-0146895

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

Hector M. VADILL

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

12540 SW 37th

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33175

100003274931-8

-06/02/00--01059--012

*****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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/26/2000**

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	Hector M. VADILL	12540 SW 37th	Miami FL 33175
S	Esther VADILL	12540 SW 37th	Miami FL 33175

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

5/26/2000 305-553-1849

Date

Daytime Phone #

CR2E081 (9/99)