

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -6 AM 8:00

DOCUMENT # 217832

1. Corporation Name

Vinclair Builders Inc.

400023820894

10/15/03--01063--003 \*\*150.00

2. Principal Office Address

10826 72 ave N

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole Fl.

City & State

Zip

Country

33772

Pinellas

Zip

Country

**REINSTATEMENT**

03

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

1-2-1989

5. FEI Number

59-2986485

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

Claire Pici

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

10826 72 ave N

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

MRS

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

Claire Pici

REGISTERED AGENT MUST SIGN

Date

Sept 24, 03

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
Pres	Vincent Pici	10826 72 ave N	Seminole Fl 33772
Sec	Claire Pici	10826 72 ave N	Seminole Fl 33772

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:

Claire Pici

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

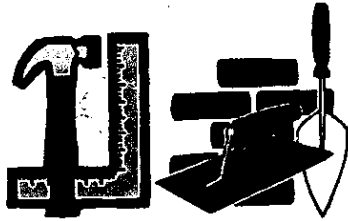
9-24-03

Date

727-397-2517

Daytime Phone #

CR2081 (10/02)



Vinclair Builders, Inc.  
State License #RB0052442  
Building Contractor  
10826 72nd Ave. N.  
Seminole, FL 33772  
727 397 2517

September 24, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Corp

I have been advised by your office to send in the reinstatement form along with a check in the amount of \$150.00 due to the fact I never received the 2003 yearly form for filing.

Enclosed please find the reinstatement form and a cashiers check in the amount of \$150, the filing fee for 2003.

Thank you,

Vincent Pici, Pres.