

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **M13196**

1. Corporation Name

**JOSEPH VARGO ENTERPRISES, INC.**

*QCAR*

Principal Place of Business

531 NW 42ND AVE  
COCONUT CREEK FL 33066  
US

Mailing Address

531 NW 42ND AVE  
COCONUT CREEK FL 33066  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/27/1985**

5. FEI Number

**59-2522633**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
PD	VARGO, JOSEPH J.	531 NW 42ND AVE	COCONUT CREEK FL
STD	VARGO, WENDY J.	531 NW 42ND AVE	COCONUT CREEK FL
			400003050584--2 -11/22/99-01020-015 ****150.00 ****150.00

**TS**

8. Name and Address of Current Registered Agent

VARGO, JOSEPH J.  
531 NW 42ND AVE  
COCONUT CREEK FL 33066

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Joseph J. Vargo*

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph J. Vargo*

**FILED**

99 NOV 12 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/99)

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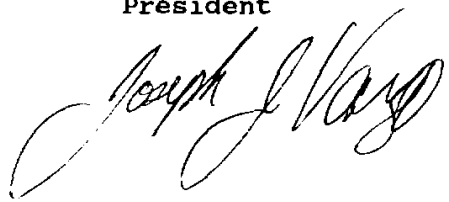
October 29, 1999

Per our telephone conversation on 10-27-99, I have enclosed a check for 150.00. We did not receive any renewal forms in 1999 for the 1999 corporation annual report.

Thank you for your help in this matter, you can contact me at (954) 977-7491.

Very truly yours,

Joseph Vargo  
President

A handwritten signature in cursive script, reading "Joseph J. Vargo". The signature is written in dark ink and is positioned below the typed name and title.