

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
02 DEC -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42558**

1. Corporation Name

VIDA ABUNDANTE, INC.

Principal Place of Business	Mailing Address
6300 NW 77 CT. MIAMI FL 33166	6300 NW 77 CT. MIAMI FL 33166

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/19/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0276413	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	COLLOCA, ROBERTO	15421 DURNFORD DRIVE	MIAMI LAKES FL 33014
DV	COLLOCA, MIRTA	15421 DURNFORD DRIVE	MIAMI LAKES FL 33014
DS	COLLOCA, LEONARDO	15421 DURNFORD DRIVE	MIAMI LAKES FL 33014

Handwritten signature and date: 12/3/02

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12/06/02--01082--007 **297.50

8. Name and Address of Current Registered Agent

COLLOCO, ROBERTO
15421 DURNFORD DRIVE
MIAMI LAKES FL 33014

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 *Roberto Colloco* Date 12-3-2002
REGISTERED AGENT MUST SIGN

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: *Roberto Colloco* 12-3-2002 (305) 593-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)