

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 10 AM 11:46

DOCUMENT # P00000005509

1. Corporation Name

The Vanguard Chronicle Network

2. Principal Office Address

3841 St. Rd 84

Suite, Apt. #, etc.

Bldg. 12 Apt. 308

City & State

DAVIE, FL

Zip  
33312

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

DAVIE, FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/00

5. FEI Number

079-39-9433

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

John NEDIN

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

3841 STATE ROAD 84

Suite, Apt. #, Etc.

Bldg 12 Apt 308

City

DAVIE

300004780873--5

-01/17/02--01005--020

\*\*\*\*150.00 \*\*\*\*150.00

300004780873--5

-01/17/02--01005--021

\*\*\*\*150.00 \*\*\*\*150.00

State

FL

33312

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

John NEDIN

REGISTERED AGENT MUST SIGN

Date 12/11/01

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	John NEDIN	3841 St. Rd 84	DAVIE, FL 33312
V.P.	MIA NEDIN	3841 St. Rd 84	DAVIE, FL 33312
V.P.	RASHEED BAAITH	3841 St. Rd 84	DAVIE, FL 33312

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:

John NEDIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/01

Daytime Phone #

954-327-9207

CR2001 (9/00)