

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 AM 11:09

DOCUMENT # P00000036288

1. Corporation Name

VESA, INC.

Principal Place of Business

9400 4 STREET NORTH
SUITE 116
ST. PETERSBURG FL 33702

Mailing Address

9400 4 STREET NORTH
SUITE 116
ST. PETERSBURG FL 33702



REINSTATEMENT B

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

2. New Principal Office Address, If Applicable

101 40TH AVE N.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME 101 40TH AVE N.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2000

5. FEI Number

59-3637348

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	LUDWISZEWSKI, PETER	9400 4 STREET NORTH SUITE 116 <u>101 40TH AVE N.</u>	ST. PETERSBURG FL <u>33702</u> <u>33702</u>
VTD	KOZAROV, PLAMEN	9400 4 STREET NORTH SUITE 116 <u>199 TRINITYWOOD DR. N.E.</u>	ST. PETERSBURG FL <u>33702</u> <u>33702</u>

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~543 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name Robert D. Barclay
Street Address (P.O. Box Number is Not Acceptable)
3839 42 ST. N.
Suite, Apt. #, Etc.
570
City St. Petersburg State FL Zip Code 33702

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

REGISTERED AGENT MUST SIGN

Date 11/21/01

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

Peter Ludwiszewski

Date

Daytime Phone #

11/21/01 (22) 822-4827