

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000039207

1. Corporation Name

Vega I, Inc.

2. Principal Office Address

306 Myrtle Ave.

Suite, Apt. #, etc.

City & State

Lake Placid, FL 33852

Zip 33852

Country US

3. Mailing Office Address

PO Box 2081

Suite, Apt. #, etc.

City & State

Lake Placid, FL 33862

Zip 33862

Country US

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number
65-0993758

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

Jose Vega

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

306 Myrtle Ave.

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

800035260948
05/03/04-01053-029 **300 00

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

J. Vega

REGISTERED AGENT MUST SIGN

Date 4/29/04

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
D	Jose Vega	306 Myrtle Ave.	Lake Placid, FL 33852
D	Rosalinda Vega	306 Myrtle Ave.	Lake Placid, FL 33852

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:

J. Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

863-441-1370

Daytime Phone #

CR2E081 (01/04)

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