

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
-- Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000089557**

1. Corporation Name

VINPAX, INC.

2. Principal Office Address - No P.O. Box #

2000 S. DIXIE Hwy

Suite, Apt. #, etc.

100M

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Office Address

3148 N.W. 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

USA

REINSTATEMENT

02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MICHEL HUYSMAN

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

2000 South Dixie Highway

Suite, Apt. #, Etc.

100M

City

Miami

State

FL

Zip Code

33133

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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.	ALI MOZTARZADEH	3148 NW 72 Ave.	Miami, Fl. 33122
CEO	ALI MOZTARZADEH	3148 NW 72 Ave.	Miami, Fl 33122

200103520502
05/30/07--01021--012 **1500.00

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 contained in Chapter 119, 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 #