PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -1 PM 12:21

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500181553465
06/01/10--01005--015 **1050.00

CR2E081 (12/08)

DOCUMENT # P00000108298

1. Corporation Name

VASCONIA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3507 OAKS WAY	3507 OAKS WAY
Suite, Apt. #, etc. APT: 909	Suite, Apt. #, etc. APT: 909
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069 Country USA	Zip 33069 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/15/2000

5. FEI Number 651067726 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Charge for Certificate of Status

7. Name and Address of Current Registered Agent

Name: LUIS F. LONDONO

Street Address (P.O. Box Number is Not Acceptable): 3507 OAKS WAY

Suite, Apt. #, Etc.: APT: 909

City: POMPANO BEACH State: FL Zip Code: 33069

☑ 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 617.0505, F.S.

Signature of Registered Agent: X [signature] Date: 05-25-10

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
PD	LUIS F LONDONO	3507 OAKS WAY APT: 909	POMPANO BEACH FL 33069

B 6/1/10

REINSTATEMENT 08-10

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: X [signature] 05-25-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #