

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


03-05 Rei

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000114028

1. Corporation Name

VERTIGOGO INC.

2. Principal Office Address

7890 NE 10th AVE

3. Mailing Office Address

7890 NE 10th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/2001

5. FEI Number

65-1063908

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

RAFA DAVID LEGISIMA

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

1231 NE 81st TER

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

Rafa Legisima
REGISTERED AGENT MUST SIGN

Date 9/15/05

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
PRESIDENT	RAFA DAVID LEGISIMA	1231 NE 81 st TER.	MIAMI / FL / 33138
VICE-PRESIDENT	DIANA LEGISIMA	1231 NE 81 st TER.	MIAMI / FL / 33138

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafa Legisima

Date

Daytime Phone #

9/15/05 305-766 6244
305-759 5054

AM 9/20