PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION - FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P01000047508

1. Corporation Name

DOCUMENT #

VITOS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1121 PANACEA BLVD

1121 PANACEA BLVD



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

NORTH PORT FL 34287 NC			NORTH PORT	NORTH PORT FL 34287					
If above a	addresses are	incorrect in any way, line the	nrough incorrect i	nformation a	and enter correction below.	HEINS	TATEME	NT	03
New Principal Office Address, If Applicable 3. New Mai			iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/07/2001				
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #			5. FEI Number Applied For				
-City & Stat	<u> </u>		City & State.			·	65-1098908		Not Applicable
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED		Additional Fee required a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprof	fit corporations must list at le	ast 3 directors)			
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
D	TARANOV,	VITALILY P	LILY P 1121 PANACEA BLVU 2462 ENSEN			LN.	N. PORT FL 34286 S.A.M.C.		
D	DEMYANOVSKIY, VITALIY A			1383 CHAMBERLAIN BLVD		NORTH PORT FL 34286			
D TARANOV, PAVEL			2040 SPARKLE LANE		N. PORT FL 34286				
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						- 80 11/14/	 DO24704 030103602	7 5 4 3 **	150.00
•			·						
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
				<u> </u>	Name			,	
Taranov, vitaliy P 1121 Panacea BlVD N. Port Fl 34286			Street Address (P.O. Box Number Is Not Acceptable)						
			Suite, Apt. #, Etc.				··		
					City			State 2	Zip Code
10. I, being	g appointed th	e registered agent of the at	oove named corp	oration, am f	amiliar with and accept the c	bligations of Sect	ion 607.0505, F.S. or 61	7.0505, F	F.S.
Signature (of 1 Agent	Sto Jan	1	, ·			Date		
		u V (RECISTERED AC	TZUM TMBS	SIGN				

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #

Vitos Construction, Inc. 2462 Ensenada Lane North Port FL 34286-5045 EIN#: 65-1098908

November 4, 2003

To Whom It May Concern,

Please accept the 2003 Uniform Business Report enclosed as timely filed, along with our check for \$150.00

We never received the original form or prior notices. After receiving the enclosed reinstatement form and communicating with our accountant, we became aware that there was a filing requirement originally due May 1st. We immediately called the Division of Corporations and informed them that we never received the original form. Per your office instructions, we have filled out the UBR form and enclosed the reinstatement form with a check for \$ 150.00.

Thank you,

President

James
