

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03



500023937885

10/20/03--01014--004 **750.00

DOCUMENT # **P01000096787**

1. Corporation Name

VASCOR INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~21775 PHILMONT COURT~~
~~Boca Raton FL 33428~~

**6017 NEWPORT VILLAGE WAY
LAKE WORTH FL 33463**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6017 Newport Village Way

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33463

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

65-1147259

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VASQUEZ, JORGE	21775 PHILMONT COURT 6017 Newport Vill. Way	Boca Raton FL 33428 Lake Worth, FL 33463
D	CORRALES, ESPERANZA	21775 PHILMONT COURT 6017 Newport Vill. Way	Boca Raton FL 33428 Lake Worth, FL 33463

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VASQUEZ, JORGE

~~21775 PHILMONT COURT~~
~~Boca Raton FL 33428~~

Name

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

6017 Newport Village Way

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

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

SIGNATURE:

Jorge Vasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (7/03)