

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 AUG 23 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000049457**

1. Corporation Name
**VARADERO VAN LINE
EXPRESS, INC.**

2. Principal Office Address - No P.O. Box #
7865 104TH CT.
Suite, Apt. #, etc.

3. Mailing Office Address
7865 104TH CT
Suite, Apt. #, etc.

City & State
Vero Beach, FL
Zip
32967
Country
USA

City & State
Vero Beach, FL
Zip
32967
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **04/30/02**

5. FEI Number
30-0081118
☐ 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
Servando A Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
75023 PLSW

Suite, Apt. #, Etc.

City
Vero Beach, FL 32967
State
FL Zip Code
32967

☐ 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 **X** **[Signature]** Date **8/20/07**

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
P	Servando A Gonzalez	75023 PLSW	Vero Beach, FL 32967
VP	Hiram A Rodriguez	7865 104th Ct.	Vero Beach, FL 32967

600105475266
03/20/07--01004--015 **1350.00

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: **X** **[Signature]** Date **8/20/07** Daytime Phone # **407-232-0192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell AUG 23 2007

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE
STATE OF FLORIDA.

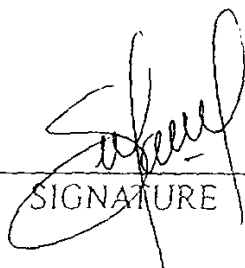
1. THE NAME OF THE CORPORATION IS:

VARADERO VAN LINE EXPRESS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT
AND OFFICE IS:

Servando A Gonzalez
75023 PI SW
Vero Beach, FL 32962

HAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY
I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH
AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.

x 
SIGNATURE

8/20/07
DATE