

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 MAR 24 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000056548

1. Corporation Name

VIDAL FLORES, INC.

2003 UBR

200014558882
03/24/03--01086--014 **158.75

2. Principal Office Address

3417 SW12 PL-

3. Mailing Office Address

3417SW 12 PLAZE FT LAUDE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL.

City & State

FT LAUDERDALE FL.

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

04-3675465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ See instructions on back of form

7. Name and Address of Current Registered Agent

Name

VIDAL FLORES

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

3417 SW 12 PL

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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

VIDAL FLORES

REGISTERED AGENT MUST SIGN

Date 03/18/2003

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	VIDAL FLORES	3417 SW 12 PLAZE	FT LAUDERDALE-FL 33312

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:

VIDAL FLORES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/03

Date

954-791-9151

Daytime Phone #

CR2001 (10/02)