

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 31 PM 4:32

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092926

1. Corporation Name

VORTEX CAPITAL CORPORATION

Principal Place of Business

Mailing Address

302 LAKEVIEW DRIVE  
103  
WESTON FL 33326  
US

302 LAKEVIEW DRIVE  
103  
WESTON FL 33326  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1		3	4
DR	Robert E. Gold	302 Lakeview Dr. Weston, FL 103	Weston, FL 33326

400024332964

10/31/03-01052-016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLD, ROBERT E  
302 LAKEVIEW DR  
103  
WESTON FL 33326

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/03 (954) 394 6655

CR2E040 (7/03)

**VORTEX CAPITAL CORPORATION**

**302 Lakeview Drive #103**

**Weston, Florida 33326**

Florida Department of State  
Division of Corporations

10/27/03

Gentlemen:

Re: Vortex Capital Corporation's annual report late filing

We did not receive the two prior uniform business reports notice (UBR). Therefore we cordially request that the late filing fee be waived.

We have attached the completed application with the appropriate fees.

Thank you for your help and consideration.

Sincerely,

Robert E. Gold

Director and registered agent for Vortex Capital Corporation