

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 23 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000103424**

1. Corporation Name

VECO INTERNATIONAL INC

2. Principal Office Address

4645 GUN CLUB ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE 19

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

Zip

33415-2858

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3715461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100055146991
05/23/05--01063--011 **1050.00

7. Name and Address of Current Registered Agent

Name

RAUL HIGUERA

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

4645 GUN CLUB ROAD

Suite, Apt. #, Etc.

SUITE 19

City

WEST PALM BEACH

State

FL

Zip Code

33415-2858

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

Date **MAY 18, 2005**

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	RAUL HIGUERA	4645 GUN CLUB ROAD STE 19	WEST PALM BEACH, FL 33415-2858
S	JAVIER HIGUERA	4645 GUN CLUB ROAD STE 19	WEST PALM BEACH, FL 33415-2858
D	NELSON PAOLUCCI	4674 DYER BLVD	WEST PALM BEACH, FL 33407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 18, 2005

Date

561-436-5885

Daytime Phone #

CR2E081 (01/05)