

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

200023670742
10/09/03--01064--023 **150.00

DOCUMENT # P020000125555

1. Corporation Name

VIGOR COMPANY

2. Principal Office Address

168 SE 1 Street

Suite, Apt. #, etc.

705

City & State

Miami, Florida

3. Mailing Office Address

168 SE 1 Street

Suite, Apt. #, etc.

705

City & State

Miami, Florida

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/02

5. FEI Number

43-2029771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

33131

Country

USA

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

Mauro C. Santos

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

25 SE 2 Avenue

Suite, Apt. #, Etc.

1235

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

10/7/03

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
PRESIDENT	Carlos F. Jordan	117 Gavilian Avenue	Coral Gables, FL 33143

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:

Carlos F. Jordan CARLOS F. JORDAN 10-7-2003 (786) 7770079
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

SANTOS & COMPANY, P.A.

ATTORNEYS AT LAW
25 S.E. SECOND AVENUE
SUITE 1235
MIAMI, FLORIDA 33131

MAURO C. SANTOS

TELEPHONE: (305) 371-5252
FAX (305) 371-5338

October 07, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Via Fedex

re: -Vigor Company - - - - -
Document No. P020000125555
Request for Waiver of Reinstatement Fee

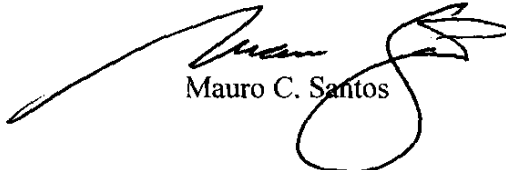
Dear Sir/ Madam:

Please be advised that the undersigned is the Registered Agent and corporate counsel for Vigor Company. On said client's behalf, I hereby respectfully request the waiver of the reinstatement fee of \$600.00. Said waiver is warranted as the corporation did not receive its UBR form at it's reported mailing address, or otherwise.

As per the Division's instructions, I have enclosed a completed Reinstatement form and annual fee of \$150.00, in the hopes that this waiver request is accepted.

Thank you for your attention in this regard.

Sincerely,



Mauro C. Santos