

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

LA VEGA, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1050.00

\$1050.⁰⁰

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2009 FEB 11 PM 2:56 TALLAHASSEE, FLORIDA SECRETARY OF STATE																													
DOCUMENT # P02000126048 1. Corporation Name LA VEGA, CORP.																																	
2. Principal Office Address - No P.O. Box # 121 COMMERCE AVE Suite, Apt. #, etc.		3. Mailing Office Address 9801 SW 155 AVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/21/2002																													
City & State LAKE PLACID, FL		City & State MIAMI, FL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
Zip 33852	Country US	Zip 33196	Country US	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name MANUEL R. VIEIRA Street Address (P.O. Box Number is Not Acceptable) 9801 SW 155 AVE Suite, Apt. #, Etc. City MIAMI, State FL Zip Code 33196																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <u>Manuel R. Vieira</u> Date <u>2/4/09</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>MANUEL R. VIEIRA</td> <td>9801 SW 155 AVE</td> <td>MIAMI, FL 33196</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	MANUEL R. VIEIRA	9801 SW 155 AVE	MIAMI, FL 33196																				
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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 807 or 817, 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 807.0401 or 817.0401, 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: <u>Manuel R. Vieira</u> MANUEL R. VIEIRA Date <u>2/4/09</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

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