

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000036354

1. Corporation Name

Vega Painting, INC

2. Principal Office Address

10107 MAIN STREET

Suite, Apt. #, etc.

LOT 13

City & State

THONOTOSASSA, FL

Zip

33592

Country

USA

3. Mailing Office Address

P.O. Box 111

Suite, Apt. #, etc.

City & State

THONOTOSASSA, FL

Zip

33592

Country

USA

FILED
05 NOV -2 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/16/05 90031 046 608.75

REINSTATEMENT 04-05

T. Roberts CR2E081 (8/05)
NOV 08 2005

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/31/05

5. FEI Number

02-0685109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey A. Dowd, P.A.

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

609 W. Lumsden Rd

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

Jeffrey A. Dowd, P.A. President

REGISTERED AGENT MUST SIGN

Date

10/28/05

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	<u>William J. Vega</u>	<u>10107 MAIN STREET LOT 13</u>	<u>THONOTOSASSA, FL 33592</u>

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:

William J. Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/05 813-494-0309
Date Daytime Phone #