

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 14 A 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 & 2010 Annual Report

DOCUMENT # PD 3000 11 88 55

1. Corporation Name

VARGAS ELECTRIC SERV. INC., Inc.

600174168886
04/01/10--01039--015 **300.00
CR2E081 (11709)

2. Principal Office Address - No P.O. Box #

4849 HAMLETS GROVE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

Country

Zip

Country

34235 SAR, U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2003

5. FEI Number

90-0212788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALFREDO E. VARGAS

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

4849 HAMLETS GROVE DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34235

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alfredo Vargas

REGISTERED AGENT MUST SIGN

Date 3-30-2010

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 | ALFREDO E. VARGAS | 4849 HAMLETS GROVE DR | SARASOTA, FL. 34235 |
| | | | |
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| | | | |
| | | | |
| | | | |

10. E-mail Address: AVARGAS512@AOL.COM

(To be used for future annual report notification)

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, I further certify, 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

Alfredo Vargas

ALFREDO E. VARGAS PRES.

Date

3/30/2010

Daytime Phone #

(941) 228-3311

228-3311