

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # P03000133300

**1. Corporation Name**

Vista Packing Company

2005 Cortez Avenue

2005 Cortez Avenue

**2. Principal Office Address**

2005 Cortez Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

2005 Cortez Avenue

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

United States

Zip

32960

Country

United States

**REINSTATEMENT**

04  
MKD

**4. Date Incorporated or Qualified  
To Do Business in Florida** Nov. 14, 2003

**5. FEI Number**  
75-3137352

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

Theodore W. Herzog, Esquire

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

1101 Simonton Street

Suite, Apt. #, Etc.

City

Key West

State  
FL

Zip Code  
33040

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/29/04

**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
D	Susan A. Viamontes	2005 Cortez Avenue	Vero Beach, FL 32960
			700043730347 12/30/04--01021--012 **750.00

**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:

*Susan A. Viamontes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04

Date

772-569-0271

Daytime Phone #

CR2E01 (01/04)