

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN 12 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P.03000141339

1. Corporation Name Luis. VASQUEZ Servises INC.

2. Principal Office Address  
157 SHADOW Tril.  
Suite, Apt. #, etc.

3. Mailing Office Address  
157. SHADOW Tril.  
Suite, Apt. #, etc.

**REINSTATEMENT**  
CR2E081 (8/05) 04-06

City & State  
Longwood. FL.  
Zip 32750 Country USA  
Seminole

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Longwood. FL.  
Zip 32750 Country USA  
Seminole

4. Date Incorporated or Qualified To Do Business in Florida 12-2003  
5. FEI Number 33-1032271  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 Luis. VASQUEZ 900064597979  
Street Address (P.O. Box Number is Not Acceptable) 157-SHADOW Tril. 01/25/06--01058--006 \*\*458.7  
Suite, Apt. #, Etc.  
City Longwood-FL. State FL Zip Code 32750

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] Date 01-10-'06  
REGISTERED AGENT MUST SIGN

**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.	Luis. G. VASQUEZ	157-SHADOW Tr.	Longwood, FL, 32750

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: [Signature] Luis. G. VASQUEZ Date 01-10-'06 Daytime Phone # 321-277-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20fz

Luis Vasquez Services  
157 Shadow Trail  
Longwood, Florida 32750

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

December 28, 2005

Dear Sir,

I am writing this letter to inform you that I have not received any mail from your office in the past two years. My residence at the above address has been for the past 12 years.

P.S: Please Reinstemiy Corp. Thank.

Sincerely,

Luis Vasquez  
President, Vasquez Services, Inc

  
Luis G. VASQUEZ  
PH: # 321-227-0022.