

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P04000058224

1. Corporation Name

VINCENT HOME IMPROVEMENT INC.

2. Principal Office Address - No P.O. Box #
1530 JASON ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

USA

3. Mailing Office Address

1530 JASON ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

USA

REINSTATEMENT 09-10

100166589561
01/19/10--01036--009 **150.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 04/05/04

5. FEI Number
01-0811279

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

VICENTE DA SILVA

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

1530 JASON ST.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

☒ 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.

100166589561
01/27/10--01036--004 **158.75

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

REGISTERED AGENT MUST SIGN

Date 01/15/2010

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
DPST	Vicente Da Silva	1530 Jason St	kissimmee fl 34744

10. E-mail Address: VINCENT.SILVA@MSN.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:

Vicente Da Silva

01/15/2010 407-493-5469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #