

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name

**VASILE STAN, INC.**

Suite, Apt #, etc

Suite, Apt #, etc.

Zip	Country
32235	USA

**7. Name and Address of Current Registered Agent**

Name  
**VASILE STAN**

Street Address (P.O. Box Number is Not Acceptable)  
12785 SERENADE CIRCLE, NORTH  
Suite, Apt #, Etc.

City  
**JACKSONVILLE**

State	Zip Code
<b>FL</b>	<b>32225</b>

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

Date Mar 2 2010

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
Pres.	Vasile Stan	12785 Serenade Cir, N	Jacksonville, FL 32229
		M. MILLIGAN EXAMINER	03/09/10--01004--019 **750.00
		MAR 16 2010	

10. **E-mail Address:** vasilest@comcast.net

(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

10 MAR 16 AM 8:49

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

800171599168  
03/19/10--01042--003 \*\*300.00

08-10

# REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida 05/27/2004

5. FBI Number  
201132258

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75** Additional Fee required for a Certificate of Status

☐ 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.

800171599168  
03/08/10--01004--019 \*\*750.00

**M. MILLIGAN**  
**EXAMINER**

MAR 16 2010

APR 2 2010

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