

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000020126

1. Corporation Name

VINCE NUCTEC INC.

000174169260
04/01/10--01039--018 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
1814 N.E. MIAMI GDAS DRIVE

3. Mailing Office Address
1814 NE MIA GDAS DRIVE

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

N. MIAMI BCH. FL N. MIAMI BCH. FL

Zip

33179

Country

US

Zip

33179

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2-8-2005

5. FEI Number

20-2431228

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

VINCENT H. NAVARETTE

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

2823 CLEVELAND STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

☐ 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

X *[Signature]*

Date 3-28-2010.

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
P	VINCENT H. NAVARETTE	2823 CLEVELAND STREET	HOLLYWOOD, FL 33020

REINSTATEMENT

RH

10. E-mail Address:

(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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2010 786-426-44001

Date

Daytime Phone #