

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000051076

1. Corporation Name

**Vazquez General Remolding Corp.**

2. Principal Office Address - No P.O. Box #

**13111 SW 14th STREET**

Suite, Apt. #, etc.

3. Mailing Office Address

**13111 SW 14th STREET**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip  
**33184**

Country  
**USA**

Zip  
**33184**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/05/2005**

5. FEI Number

**65-1246866**

Apply 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  
**OSIRIS VAZQUEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**13111 SW 14th STREET**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33184**

☒ 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

*Osiris Vazquez*

REGISTERED AGENT MUST SIGN

Date **10-18-07**

**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	OSIRIS VAZQUEZ	13111 SW 14th STREET	MIAMI FL 33184
V	CONRADO VAZQUEZ	1445 SW 131 PLACE	MIAMI FL 33184

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 contained in Chapter 119, 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:

*Osiris Vazquez*

OSIRIS VAZQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-18-07**

305-609-7588

Daytime Phone #

FILED  
07 OCT 23 PM 1:37  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

400111194154  
10/23/07--01017--013 \*\*300.00  
**REINSTATEMENT**

CR2E081 (1/07)

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MIAMI , FL  
October 18, 2007.

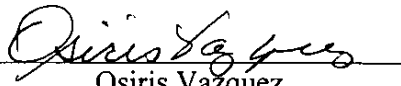
TO:  
FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

FROM:  
VAZQUEZ GENERAL REMOLDING CORP.  
13111 SW 14<sup>th</sup> STREET  
MIAMI FL 33184

I'm sending the information to reinstatement VAZQUEZ GENERAL REMOLDING CORP, we never received the form with information to file annual report in years 2006 And year 2007. Please check our mailing address.

If you need more information please write us to our address above.

Sincerely,

  
Osiris Vazquez  
President

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