

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 DEC 10 A 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000097603

1. Corporation Name

VANIC ENTERPRISES, INC.

900163501199
12/10/09--01007--009 **\$600.00

CR2E081 (11/09)

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

462 Fishtail Terrace

Suite, Apt. #, etc.

City & State

Weston

Zip

33327

Country

USA

3. Mailing Office Address

462 Fishtail Terrace

Suite, Apt. #, etc.

City & State

Weston

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2005

5. FEI Number

☒ 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

Hector F. Alonso

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

462 Fishtail Terrace

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

☒ 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

Hector Fabio Alonso

Date 12/08/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|--------------------|
| D | Hector F. Alonso | 462 Fishtail Terrace | Weston FL 33327 |
| S | Maria del P. Jaramillo | 462 Fishtail Terrace | Weston FL 33327 |
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REINSTATEMENT
06-09
qsb

10. E-mail Address: fabio5835@hotmail.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:

Hector Fabio Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/09

Date

786-553-4570

Daytime Phone #