PLEASE READ	ALL INST	RUCTIONS	S BEFORE (COMPLET	ING THIS FORM.		
APPLICATION FOR			NT OF STATE arris	7			
REINSTATEMENT		VISION OF CORPO	RATIONS	 	FILED		
DOCUMENT # 1. Corporation Name	المنس أو		00 AUG 16 PM 1: 14				
Terra Vac Corp.					1100 10 111 1		
				SECRETARY OF STATE TALLAHASSEE FLORIDA			
incipal Place of Business Mailing Address 5835 Memorial Huy. Same							
Suite 14						∞	
Tampa PC 33615		de matice and antenna	aadime bala	REINS	STATEMEN		
1f above addresses are incorrect in any way, line thro 2: New Principal Office Address, If Applicable	3. New Mailin	ng Office Address, If MCMOTIAL	Applicable	Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #,		1009	5. FEI Number	5/7/90		
City & State	City & State	Tampa_PL		5/-	0298270	Not Applicable	
Zip Country	zip 3361	5 Count	Š	CERTIFICAT		Additional Fee required r a Certificate of Status	
Names and Street Addresses of Each Officer and/o Name of Officers		ida nonprofit corpora	ations must list at lea		T		
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		lumbers)	City / Stat	e / Zip	
resident James J. Malot		356 FORTALEAST.		-1 	San Dran, PR	0091	
VDD Joseph Pezzullo		241 Norsam Dr.			Lenghorne, PA	19047	
Secretary Richard C. Malot, Jr.		1760 horzast, #PH-1			San Juan , PR .	20911	
STD		· · ·		_			
					3000033777936 -08/30/0001063008		
					***1076.25	***1076.2S	
Name and Address of Current Registered Agent Name				9. Name and	Address of New Registered A	gent	
Leslie Siwiecki			N/A _Street Address.(P.O. Box Number is Not Acceptable)				
5835 Memorial Hwy.			Suite, Apt. #, Etc.				
Suite 14			City State Zip Code				
Tanpa FL 33615 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig				oligations of Secti	on 607.0505, F.S.	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	
Signature of Registered Agent Record	WUCK GISTERED AGE	ENT MUST SIGN			Date 9/34	199/8/14/00	
11. This corporation owes the Intangible Personal Propert			Yes	□ No 🏻	(See other side on intang		
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the n- on this application is true and accurate, and my sig	lution has been e ames of individu	eliminated, the corpo als listed on this for	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.040	11, F.S., that all fees	
	<i>4.14</i>	as (00	ka la v L'	,	8/14/00 H	3)882-9200	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	ITED TAME OF SI	GNING OFFICER OR	Molof In, Sec	Edway [Incom	Date Day	time Phone #	