

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 13 PM 12:10

DOCUMENT # **P29231**

Corporation Name  
**TERRA VAC CORPORATION**

Principal Place of Business	Mailing Address
5835 MEMORIAL HWY. SUITE 14 TAMPA FL 33615	5835 MEMORIAL HWY. SUITE 14 TAMPA FL 33615



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/07/1990	
City & State		City & State		5. FEI Number	
				61-0298270	
Zip		Country		Applied For	
				Not-Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	MALOT, JAMES J	1760 LOIZA ST. #PH-1	SAN JUAN PR 00911
VD	PEZZULLO, JOSEPH	241 NORSAM DR.	LANGHORNE PA 19047
STD	MALOT, RICHARD C JR.	1760 LOIZA ST. #PH-1	SAN JUAN PR 00911
			900004700909--8 -11/30/01--01070--029 ***1517.50 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIWIECKI, LESLIE  
5835 MEMORIAL HWY.  
SUITE 14  
TAMPA FL 33615

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Leslie Siwiecki* Date 11/7/01  
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: *[Signature]* Date 11/7/01 Daytime Phone # (813) 882 9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)