

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017723

1. Corporation Name

VERNARTECH, CORP.

P.O. BOX 527403

MIAMI, FL 33152-7403

Principal Place of Business

Mailing Address

3060 N.W. 72ND AVE.

MIAMI, FL 33122

P.O. BOX 527403

MIAMI, FL 33152-7403

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

REINSTATEMENT

98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03-9-1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

5. FEI Number

65-0392211

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FABIAN LEON	3060 N.W. 72ND AVE MIAMI, FL 33122	MIAMI, FL 33122
			900003082449--1
			-12/29/99--01008--002
			****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FABIAN LEON

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

3060 N.W. 72ND ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

REGISTERED AGENT MUST SIGN

Date

07/01/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.Yes ☐No ☒(See other side for information  
on intangible tax.)

12. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIAN LEON

Date

Daytime Phone #

07/01/99 (305) 822-4