

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023623

1. Corporation Name

VASICO - VASQUEZ-SCHUMANN INTERNATIONAL CORP.

Principal Place of Business

1975 E SUNRISE BLVD
SUITE 810
FT LAUDERDALE FL 33304
US

Mailing Address

1975 E SUNRISE BLVD
SUITE 810
FT LAUDERDALE FL 33304
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1993

5. FEI Number

65-0451943

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
D	VASQUEZ, ERWIN M M.D.	2600 N.E. 9TH ST.	FT. LAUDERDALE FL 33304
D	SCHUMANN, DONALD	1975 E. SUNRISE BLVD., SUITE 100	FT. LAUDERDALE FL 33304

900003082519--
-12/29/99--01011--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SUGLIO, JAMES
2295 CORPORATE BLVD. N.W.
SUITE 211
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name ERWIN M. VASQUEZ MD
Street Address (P.O. Box Number is Not Acceptable)
2600 NE 9 ST
Suite, Apt. #, Etc. FT LAUDERDALE FL
City State Zip Code
FL 33304

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/99

(954)
527 5145