

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031783

1. Corporation Name

VAUGO, INC.

06 NOV -8 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

3557 Seagrape Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

FL. SAME

Zip

32792

Country

Seminole

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/1993

5. FEI Number

593178229

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

Hercules E. Veneris

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

3557 Seagrape Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

Hercules E. Veneris

Date 11-6-06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec. Treas.	<u>Lynda L. Veneris</u>	<u>3557 Seagrape Dr.</u>	<u>W. P., FL 32792</u>
Owner	<u>Hercules E. Veneris</u>	<u>SAME</u>	<u>SAME</u>
President			

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10. 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 contained in Chapter 119, 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:

Hercules E. Veneris Hercules E Veneris 11/6/06 407-657-8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #