

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

606000019459

FILED

06 MAY 16 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034694

1. Corporation Name

VAD INC

2. Principal Office Address

2112 5TH AVE

3. Mailing Office Address

2112 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32960

Country

I.R.C.

Zip

32960

Country

I.R.C.

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1997

5. FEI Number

EEIN-65-0417199

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

Kaloust Aslanian

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

132 Thunderbird Drive

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

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

Kaloust Aslanian

Date

5-12-06

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
PRES	VIOLET ASLANIAN	132 THUNDERBIRD DR	SEBASTIAN FL 32958
SECRY	KALOUST ASLANIAN	132 THUNDERBIRD DR	SEBASTIAN FL 32958

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:

Kaloust Aslanian SECRY-TREASURER

Date

4-7-06 772-532

Daytime Phone #

5493