

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

97 DEC -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062018**

1. Corporation Name
VINTER EXPORT, INC.

Principal Place of Business
**814 PONCE DE LEON BLVD.
SUITE 504
CORAL GABLES FL 33134**

Mailing Address
**814 PONCE DE LEON BLVD.
SUITE 504
CORAL GABLES FL 33134**

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

2. New Principal Office Address, If Applicable

7700 N. KENDALL DR

Suite, Apt. #, etc.

SUITE 704

City & State

MIAMI, FL

Zip

33156-7501

Country

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/30/1993

5. FEI Number

65-0442710

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

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
DP	VAZQUEZ, JOSE M	814 PONCE DE LEON BLVD., STE. 50	CORAL GABLES FL 33134

700002373507--2
-12/16/97-01069-012
****750.00 ****750.00

12/3

8. Name and Address of Current Registered Agent

**VAZQUEZ, JOSE M
814 PONCE DE LEON BLVD.
SUITE 504
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

JOSE M. VAZQUEZ

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

7700 N. KENDALL DR

Suite, Apt. #, Etc.

704

City

MIAMI

State

FL

Zip Code

33156

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]

REGISTERED AGENT MUST SIGN

Date

11/26/97

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/97 305-279-7960

CR2E040 (8/97)