

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031868

1. Corporation Name

VAC CUBES, INC.

2. Principal Office Address - No P.O. Box #

536 E. Tarpon, Ave.

3. Mailing Office Address

536 E. Tarpon, Ave.

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Suite 5

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

US

Zip

34689

Country

US

7. Name and Address of Current Registered Agent

Name

Richard A. Stoffels, Esquire

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

6727 1st Ave. South

Suite, Apt. #, Etc.

Suite 108

City

St. Petersburg

State

FL

Zip Code

33707

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1994

5. FEI Number
36-3386514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/18/09

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
PD	Suzanne M. Kroupa	536 E. Tarpon Ave. #5	Tarpon Springs, FL 34689
STD	Nicholas C. Kroupa	536 E. Tarpon Ave. #5	Tarpon Springs, FL 34689

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:

Suzanne Kroupa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07

Date

727-944-3337

Daytime Phone #

3/24/09