

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 JUL 30 PM 12:16

STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # PA5000041024
1. Corporation Name
VIGO INTERNATIONAL CORP.

Principal Place of Business Mailing Address
**900 SW 114 Ct.
Miami, Fl 33174**

REINSTATEMENT 97-99

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

2. New Principal Office Address, if Applicable 122 W 29 St. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 5/24/95
City & State Hialeah, Fl	City & State	5. FEI Number 65-0639892
Zip 33014	Country USA	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		See 75. And read fee schedule 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
P	PEDRO BOTTA	5030 NW 40 St.	Miami, Fl 33142
			300002948723-5 -08/03/99--01037--003 ***\$550.00 ***\$550.00
			300002948723-5 -08/03/99--01037--010 ***\$500.00 ***\$500.00

8. Name and Address of Current Registered Agent MARIO VIDAL 900 SW 114 Ct. Miami, Fl 33174	9. Name and Address of New Registered Agent Name PEDRO BOTTA Street Address (P.O. Box Number is Not Acceptable) 5030 NW 40 St. Suite, Apt. #, Etc. City Miami State FL Zip Code 33142
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
Signature of Registered Agent *P. Botta* REGISTERED AGENT MUST SIGN Date **6/10/99**

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)(l), 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: *P. Botta* 6/10/99 (305) 885-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #