

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # P95000059047

1. Corporation Name

Vadi Enterprises, Inc.

2. Principal Office Address

6910 S.W. 185 Way

Suite, Apt. #, etc.

3. Mailing Office Address

6910 S.W. 185 Way

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

City & State

Southwest Ranches, FL

Zip

33332

Country

USA

Zip

33332

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1995

5. FEI Number

65-0600513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

05-06 REC

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Luis G. Rosario

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

6910 S.W. 185 Way

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33332

700081165127
10/25/06--01005--014 **300.00

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

X

Date X

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
PD	Luis G. Rosario	6910 S.W. 185 Way	Southwest Ranches FL 33332
SD	Mary O. Rosario	6910 S.W. 185 Way	Southwest Ranches FL 33332

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:

Luis G. Rosario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/06

Date

(786) 423-8603

Daytime Phone #

VADI ENTERPRISES, INC.
6910 SW 195 WAY
SOUTHWEST RANCHES, FL 33332

2022

October 18, 2006

TO: ANNUAL REPORT FILING
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: **VADI ENTERPRISES, INC.**
CHARTER # P95000059047

REF: **REQUEST FOR ABATEMENT OF EXTRA, POST MAY 1 FILING FEE FOR
NON-RECEIPT**

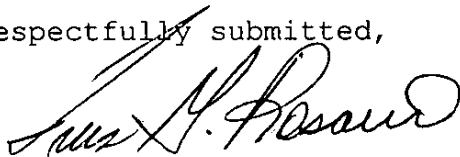
The purpose of this memo is to request abatement of the Reinstatement Fee due to the fact that we never received the annual report notices in the year of dissolution/revocation.

The notices never arrived to our location because the mailing address of our Corporation and Registered Agent had changed out of our control. Immediately after we noticed that the corporation had been dissolved for non renewal of the Annual Report I contacted our accountant's office to obtain the form in order to comply with our filing and payment obligation.

Please process the attached Corporation Reinstatement Form and our check in the amount of \$300.00 in payment of Annual Reports Fees and please waive the reinstatement fee since we would have mailed this report by the due date if we had received the annual reports advising us.

I assure this report will not be filed late again.

Respectfully submitted,

x 

LUIS G. ROSARIO
VADI ENTERPRISES, INC.