

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DIVISION OF STATE

FILED

97 AUG -4 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073796

1. Corporation Name

VAGABOND, INC.

Mailing Address

VAGABOND, INC.
801 SEABREEZE BLVD.
FORT LAUDERDALE FL 33316

Principal Place of Business

VAGABOND, INC.
801 SEABREEZE BLVD.
FORT LAUDERDALE FL 33316

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0622432

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	EDWARD SUHYDA	801 SEABREEZE BLVD	FORT LAUDERDALE, FL 33316

200002262482-7
-08/08/97-01139-016
*****365.00 *****365.00

8. Name and Address of Current Registered Agent

EDWARD SUHYDA
801 SEABREEZE BLVD.
FORT LAUDERDALE, FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Edward Suhyda

REGISTERED AGENT MUST SIGN

Date

07/07/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

EDWARD SUHYDA

07/07/97

954-523-5231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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VAGABOND , INC.
801 SEABREEZE BLVD.
FORT LAUDERDALE, FL 33316

July 7, 1997

REINSTATEMENT SECTION
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: VAGABOND, INC.
#P95000073796

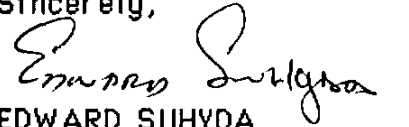
Dear AMY ALAN:

Enclosed please find an Application For Reinstatement of the Corporation of VAGABOND, INC. We are requesting a waiver of the late fees due to incorrect mailing address where the Corporation Annual Report was never recieved. Please note the correct address for the said corporation listed above.

Also enclosed please find a check for \$365.00 as filing fee for year 96 /97. please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,


EDWARD SUHYDA
President