

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084625

1. Corporation Name

VINTAGE DESIGN, INC.

Principal Place of Business

1033 MARIANA AVE
CORAL GABLES FL 33134

Mailing Address

1033 MARIANA AVE
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 DEC 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
300025694623
12/23/03--01002--005 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1995

5. FEI Number

65-0634946

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	VIDAL, SILVIA	1033 MARIANA AVE	CORAL GABLES FL 33134
V	VIDAL, SERGIO	1033 MARIANA AVE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ARTHUR MESA, MANUEL
1000 BRICKELL AVE. STE. 660
MIAMI FL 33131~~

Silvia Vidal
1033 Mariana Av.
Coral Gables FL
33134

Name Silvia C. Vidal
Street Address (P.O. Box Number is Not Acceptable)
1033 Mariana Ave.
Suite, Apt. #, Etc.
City Coral Gables
State FL Zip Code 33134

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. or 617.0505, F.S.

Signature of
Registered Agent

Silvia Vidal
REGISTERED AGENT MUST SIGN

Date 12.20.03

11. 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:

Silvia Vidal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.2003 305 785 4186

Date

Daytime Phone #

CR2E040 (7/03)