

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019433

1. Corporation Name

R. VAZQUEZ, INC.

**REINSTATEMENT** 03

800023617098  
10/07/03--01054--001 \*\*150.00

2. Principal Office Address

7961 N FEDERAL Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE

City & State

PORT SAINT LUCIE

Zip

34952

Country

FL

Zip

34952

Country

FL

4. Date Incorporated or Qualified  
To Do Business in Florida

MAR 3 1997

5. FEI Number

650732091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RUBEN VAZQUEZ

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

406 SE PINEWOOD TRAIL

Suite, Apt. #, Etc.

City

PORT SAINT LUCIE

State

FL

Zip Code

34952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-30-03

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
PRES	RUBEN VAZQUEZ	406 SE PINEWOOD TRAIL PORT ST. LUCIE, FL 34952	PORT ST. LUCIE, FL 34952

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

Date

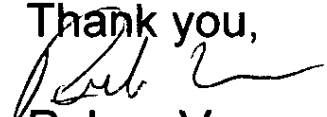
Daytime Phone #

CR2E081 (10/02)

Ruben Vazquez  
7961 N. Federal Hwy.  
Port Saint Lucie, FL 34952  
(772) 380-9366

Florida Department Of State

To Whom It May Concern: I did not get my coporation  
reinstatement form by mail if you could please wave  
the penalty.

Thank you,  
  
Ruben Vazquez

Enclosed for your info

Thank you