

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 AM 10:43

DOCUMENT # P97000051068

1. Corporation Name

VAJID A. VAYDA ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
293 WEST Cocoa Beach Cswy

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
White Rose Shopping Center

Suite, Apt. #, etc.

City & State
Cocoa, Florida

City & State

Zip
32931

Country
Brevard

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 06/06/97

5. FEI Number
593456529

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
Vajid A. Vayda

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

Suite, Apt. #, Etc.

City
Merritt Island

State Zip Code
FL 32953

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
President	Vajid A. Vayda	144 Las Palmas	Merritt Island, FL 32953

700158215917
07/07/09 01032 017 **600.00

REINSTATEMENT 06-09
TS 7/15/09

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:

Vajid A Vayda, President

06/29/09

321-795-7499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #