

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -7 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P970000 53864

1. Corporation Name

VINCENTI & LAMPART CO.

W02-35461

600009560496  
12/17/02--01061--003 \*\*900.00

REINSTATEMENT 01-03

2. Principal Office Address

c/o 2600 DOUGLAS Rd.

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

904

Suite, Apt. #, etc.

SAME AS 2

City & State

MIAMI COCA COLA SQUARE FL

City & State

FL

Zip

33134

Country

MIAMI DADE

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/99

5. FEI Number

65-0776871

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

IGNACIO L. ARCAJA

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

2600 DOUGLAS ROAD

Suite, Apt. #, Etc.

SUITE 904

City

MIAMI

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

**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
P/D	IGNACIO L. ARCAJA	c/o 2600 DOUGLAS Rd. SUITE 904, MIAMI	COCA COLA SQUARE, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/03

Daytime Phone #

21/3