

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1 of 2



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -3 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007732

1. Corporation Name

VILLAMIZAR & ASSOCIATES INC.

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

501 BRICKELL KEY DRIVE #407
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

601 Brickell Key Drive
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33131

Country
U.S.A.

3. New Mailing Office Address, If Applicable

601 Brickell Key Drive
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33131

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1998

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
	Gerardo A. Vazquez	601 Brickell Key Drive St. 802	Miami, FL 33131
	Gerardo A. Vazquez	601 Brickell Key Drive St. 802	Miami, FL 33131

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***150.00 ***150.00

8. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ
501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/99)

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) KE
5/1/00 371-8004

#P98000007732

19.2062

VAZQUEZ & HESS

Attorneys at Law

Courvoisier Centre II, Suite 802
601 Brickell Key Drive
Miami, Florida 33131

Tel: (305) 371-8064
Fax: (305) 371-4967

5/1/00

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: (P98000007732) *Villamizar and Associates, Inc.* 1999 & 2000 Annual Reports

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to file the 2000 Annual Report of *Villamizar and Associates, Inc.*, a Florida corporation.

We previously mailed this payment to the Division of Corporations for the 1999 Annual Report. Although you cashed the check we sent, your department informed us today via telephone that you did not process the renewal due to a failure on our part to mark the EIN checkbox on the application. A review of our files does not show that we received correspondence asking us to correct the problem. In any case, we cordially request that we be granted a one-time reprieve and that the Corporation be reinstated.

Villamizar and Associates, Inc. has applied for an EIN number and is awaiting approval. In the meantime, please process the enclosed 2000 Annual Report.

Sincerely,


Paola C. Febres

KE