

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 AM 9:01

DOCUMENT # P98000031971

1. Corporation Name

VANEX INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

14605 SW 174 TERR
MIAMI FL 33177

14605 SW 174 TERR
MIAMI FL 33177



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820208

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	Alvaro Rodriguez/Director	14605 SW 174 Terr Miami, FL 33177	Miami, FL 33177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, JACQUELINE F
14605 SW 174 TERR
MIAMI FL 33177

Name

Alvaro Rodriguez

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

14605 SW 174 Terr.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date 10/22/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/99

Daytime Phone #

AD

305-252-7815

CR2E040 (8/99)

VANEX INTERNATIONAL, INC.

October 22, 1999

Florida Department of State
Tallahassee, FL

Dear Sir or Madam:

Please note that our Annual Report was filed on time and that the check has been cashed. Also, the last correspondence received from you was requesting the federal Tax ID number which was forwarded to you as soon as possible. Other than that we have not received any other type of notification. Therefore, please proceed to waive any additional fees. We are completing a second annual report for your records.

Thank you for your prompt attention on this matter.

Sincerely,



Alvaro Rodriguez
Director