

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 MAR 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P980000037534**

1. Corporation Name

VIAGEL, CORP.

2. Principal Office Address

4265 S.W. 14TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33134

Zip

Country

USA

3. Mailing Office Address

4265 S.W. 14TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33134

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/98

5. FEI Number

65-0830348

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

BARBERA, SILVIA

400003892154-6

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

4265 S.W. 14TH ST.

03/22/01-01030-002

******900.00 ****900.00**

Suite, Apt. #, Etc.

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 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/12/01

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
D	BARBERA, SILVIA	4265 S.W. 14 TH ST.	MIAMI, FL. 33134

REINSTATEMENT 2000-01

M.W

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

Date

[Signature]

Daytime Phone #

CR2E081 (9/99)