

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN 23 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084341

1. Corporation Name

VERA-FABREGAT CORPORATION

Principal Place of Business

1112 MAGNOLIA STREET
WEST PALM BEACH FL 33405

Mailing Address

1112 MAGNOLIA STREET
WEST PALM BEACH FL 33405



100011881591
02/05/03--01052--013 **150.00

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

09/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0865242

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VERA, DARIO	1112 MAGNOLIA STREET	WEST PALM BEACH FL 33405
D	FABREGAT, ELENA	1112 MAGNOLIA STREET	WEST PALM BEACH FL 33405

8. Name and Address of Current Registered Agent

DARIO & ELENA FABREGAT
1112 MAGNOLIA STREET
WEST PALM BEACH FL 33405

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

CR2E040 (8/02)

January 27, 2003

Division of Corporations
Tallahassee, Fl. 32314

Re: Vera-Fabregat Corporation
P98000084341
Annual Report


To Whom It May Concern:

I recently received the attached Application for reinstatement. It surprised me because I had never received correspondence from you before this and did not know that my corporation had been dissolved.

I called explaining my problem and was told to send a letter explaining this and to send the regular fee of \$150.00.

Enclosed please find check for \$150.00. THANK YOU.

Sincerely,


Dario Vera