

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000044710

1. Corporation Name

VASCUGUARD, INC.

2. Principal Office Address - No P.O. Box #
8547 Merrimoor Blvd. East

Suite, Apt. #, etc.

City & State
Largo, FL

Zip
33777

Country
USA

3. Mailing Office Address
8547 Merrimoor Blvd. East

Suite, Apt. #, etc.

City & State
Largo, FL

Zip
33777

Country
USA

REINSTATEMENT 04-07

**4. Date Incorporated or Qualified
To Do Business in Florida** May 13, 1999

5. FEI Number
59-3576944

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

Said Hakky

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

8547 Merrimoor Blvd. East

Suite, Apt. #, Etc.

City
Largo

State
FL

Zip Code
33777

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.005 or 617.0503, F.S.

Signature of
Registered Agent

Said Ismail Hakky
REGISTERED AGENT MUST SIGN

Date *July 3, 2007*

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
DPT	Said Hakky	8547 Merrimoor Blvd. East	Largo, FL 33777
S	Barbara Hakky	8547 Merrimoor Blvd. East	Largo, FL 33777

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 contained in Chapter 119, 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:

Barbara Hakky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Hakky, Secretary / 23 May '07 / 727-391-1936

Date

Daytime Phone #