

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000048015

1. Corporation Name

VEGA INDUSTRIES, INC.

Principal Place of Business

5589 MAHOGANY BOULEVARD
BUNNELL FL 32110

Mailing Address

5589 MAHOGANY BOULEVARD
BUNNELL FL 32110

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999

5. FEI Number

59-3578652

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
P	VEGA, PETER	5589 MAHOGONY BLVD	BUNNELL FL 32110

100004689851--5
-11/20/01--01076--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNCAN, DONALD W P.A.
25 FLORIDA PARK DRIVE, NORTH
PALM COAST FL 32137

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.

Signature of
Registered Agent

Wanda E. Vega
REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

Wanda E. Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01

386

447-8886

CP2E040 (8/01)

Dear Division of Corporations,

This letter is to inform you that we did not receive our renewal for the corporation due to an address change. Since this is a grave error that can hurt our corporation we would like to clear this matter up as soon as possible. We would like our status to be reinstated. Enclosed is the yearly fee of \$150.00. Here is the correct address, please note your records for the coming year. The name of the corporation is :

Vega Industries, Inc.
21 C Utility Drive
Palm Coast, Fl 32137

There is also an address change on the officer as well.

Peter Vega
171 Birchwood Drive
Palm Coast, Fl 32137

Please make all appropriate changes and forward all current forms to the address above.

Thank You.

Sincerely,

Wanda E. Vega
Sr. Officer of Vega Industries, Inc.