

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999 0000 7765

1. Corporation Name

VENDORS ASSOCIATION, INC.

2. Principal Office Address

9683 GRAPEVIEW BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

Country

Zip

Country

33412

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0946733

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

SANDRA PRIETO

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

9683 GRAPEVIEW BLVD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33412

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sandra Prieto

REGISTERED AGENT MUST SIGN

Date 10/09/02

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
President	Sandra Prieto	9683 Grapeview Blvd.	W.P.B. FL 33412

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:

Sandra Prieto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/02

Date

561-333-4800

Daytime Phone #

CR2E081 (8/01)



9683 Grapeview Blvd. West Palm Beach, FL 33412
561-333-4800 (FAX) 333-6200

October 9, 2002

~~TO WHOM IT MAY CONCERN:~~

This letter is to inform you that we did not receive the Uniform Business Report for the year of 2002. Enclosed please find the Report for reinstatement along with the payment.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

Sandra Prieto

Sandra Prieto
President