FILED

04 MAY 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

REINSTATEMENT 96-04

DOCUMENT # S93796

1. Corporation Name

VINTAC CORPORATION

2. Principal Office Address	3. Mailing Office Address	
8360 WEST FLAGLER STREET	8360 WEST FLAGLER STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
206	206	
City & State	City & State	
MIAMI, FL	MIAMI, FL	

4. Date Incorporated or Qualified To Do Business in Florida

Zip	Country	Zip	Country	5. FEI Number	Applied For
33144	US	33144	US	65-0298972	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
JEANNEY JIN LING TONG

Street Address (P.O. Box Number is Not Acceptable)
8360 WEST FLAGLER STREET

Suite, Apt. #, Etc.
206

000037791210
06/09/04--01019--008 **1950.00

City	State	Zip Code
MIAMI	FL	33144

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 _____   Date _____
REGISTERED AGENT MUST SIGN

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 / Street / Zip
PD	JEANNEY JIN LIN TONG	8360 W. FLAGLER STREET #206	MIAMI, FLORIDA 33144

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: _____ JEANNEY JIN LIN TONG   5-15-04   (305) 225-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #