

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 10 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26245

1. Corporation Name

Vector Communication Network, Corp

2. Principal Office Address

12217 SW 129th CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

3. Mailing Office Address

12217 SW 129th CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

REINSTATEMENT

02-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 3, 1992

5. FEI Number

65-0354924

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

Orihuela, Oscar

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

12217 S.W 129 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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 June 26, 2003

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 / State / Zip
PD	Orihuela, Enrique	5820 SW 111 Terrace	Miami, Florida 33156
V/S/D	Orihuela, Oscar	12217 S.W 129 Ct	Miami, Florida 33186

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:

[Signature]

Oscar Orihuela

6/26/2003

305-232-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)