

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

90 MAY 22 PM 4:11

DOCUMENT # V37530

1. Corporation Name

VASCORP INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400002537574--8  
-05/27/98--01100--007  
\*\*\*1208.75 \*\*\*1208.75

Principal Place of Business

Mailing Address

9605 E. CALUSA CLUB DR.  
MIAMI, FL. 33186

Same

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

5-18-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-033329

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	SAMUEL VASQUEZ JR.	9240 Bonita Beach Rd. Bonita Springs FL.	Bonita Springs, FL. 34135
Pres.	SAMUEL VASQUEZ SR.	28202 Pine Haven Way #149	Bonita Springs, FL. 34135
Vice Pres.	CALEB VASQUEZ	9605 E. CALUSA CLUB DR.	MIAMI, FL. 33186
Secretary	ALMA VASQUEZ	9605 E. Calusa Club Dr	Miami, FL 33186
Treasurer	CALEB VASQUEZ	9605 E. Calusa Club Dr	Miami, FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Maria Camps-Fernandez  
Street Address (P.O. Box Number is Not Acceptable)  
782 N.W. Le Jeune Road  
Suite, Apt. #, Etc.  
Suite 440  
City  
Miami

State

Zip Code

FL

33126

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

Maria Camps-Fernandez  
REGISTERED AGENT MUST SIGN

Date

5/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALEB VASQUEZ

4-6-98

Date

(305) 530-2410

Daytime Phone #