

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 192

06 SEP 14 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 584307

1. Corporation Name

VIMODA Inc.

2. Principal Office Address

185 SE 14 TERRACE

Suite, Apt. #, etc.

710

City & State

MIAMI FL.

Zip

33131

Country

USA

3. Mailing Office Address

185 SE 14 TERRACE

Suite, Apt. #, etc.

710

City & State

MIAMI, FL.

Zip

33131

Country

USA

REINSTATEMENT 96-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-78

5. FEI Number

59-1841588

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 LORENA AGUILAR RAMIREZ

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

1450 SABAL TRAIL

Suite, Apt. #, Etc.

WESTON

City

WESTON

State

FL

Zip Code

33327

500079941015

09/19/06--01019--013 **1715.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/12/2006

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
PRES	MARIA FRAUSTINA RAMIREZ PEREZ	185 SE 14 TERRACE # 710	MIAMI, FL. 33131
V.PRES	SANDRA LORENA AGUILAR RAMIREZ	1450 SABAL TRAIL	WESTON, FL. 33327

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 contained in Chapter 119, 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

[Signature]

Date

9/12/2006

Daytime Phone #

954 916-0523

2/9/06

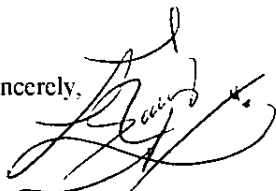
September 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

TO WHOM IT MAY CONCERN

This is to certify that Vimonda Inc. did not receive an Annual Report for the year 1996 and hence request that the delinquent charges be waived for the reinstatement.

Sincerely,



Sandra Lorena Aguilar Ramirez