

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 21 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2 000003508**

1. Corporation Name

**V.I.P. GROUP USA INC.**

2. Principal Office Address

**4816 SALLY BLVD.**

3. Mailing Office Address

**PO BOX 157**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOWLING GREEN, FL**

City & State

**BOWLING GREEN, FL**

Zip

**33634**

Country

**USA**

Zip

**33834**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name

**KELVIN D. LINDSEY**

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

**4816 SALLY BLVD.**

Suite, Apt. #, Etc.

City

**BOWLING GREEN**

State

**FL**

Zip Code

**33834**

**900043552299**  
**12/21/04--01017--003 \*\*527.50**

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

*Kevin W. Lindsey*

Date **10-21-04**

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
<b>PRES</b>	<b>KELVIN D. LINDSEY</b>	<b>4816 SALLY BLVD</b>	<b>BOWLING GREEN FL 33834</b>
<b>DIRECTOR OF FINANCIALS</b>	<b>NAOMI E. LINDSEY</b>	<b>4816 SALLY BLVD.</b>	<b>BOWLING GREEN FL 33834</b>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kevin W. Lindsey*

Date **10-21-04**

Daytime Phone #

**863-370-0008**

CR2E081 (01/04)

NO26000003508  
10-

VIP GROUP USA .INC

WE DID NOT RECEIVE A 2003 NOTICE TO  
TO FILE REPORT. WE ARE REQUESTING ALL  
FEES TO RENEW COMPANY STATUS BE WAIVED

THANKS  
Kilmer D. Smith