

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 JAN 23 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000007316**

1. Corporation Name
VANTAGE CORP.

W04-3261

2. Principal Office Address 6355 NW 36 STREET		3. Mailing Office Address 6355 NW 36 STREET	
Suite, Apt. #, etc. SUITE 604		Suite, Apt. #, etc. SUITE 604	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA

REINSTATEMENT **0304**

4. Date Incorporated or Qualified To Do Business in Florida
1/24/2000

5. FEI Number
65-1032516

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
OMAR BOTERO

Street Address (P.O. Box Number is Not Acceptable)
6355 NW 36 STREET

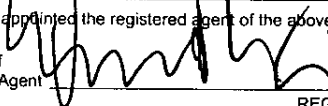
Suite, Apt. #, Etc.
SUITE 604

City
MIAMI

State
FL

Zip Code
33166

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 

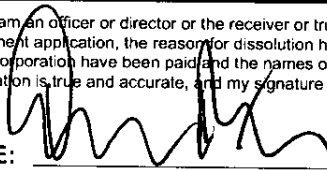
REGISTERED AGENT MUST SIGN

Date **11/26/03**

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
CEO	OMAR BOTERO	6355 NW 36 ST STE 604	MIAMI FL 33166

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

Date **11/26/03** (305) 871-8700
Daytime Phone #

CR2E081 (10/02)

VANTAGE CORP

2002

November 26, 2003

Florida Department of State
Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

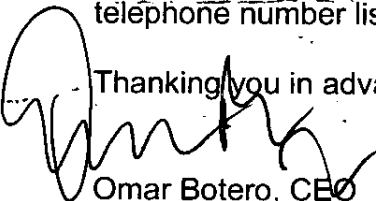
To Whom It May Concern:

Regarding: the application for Corporate Reinstatement of Vantage Corp (FEI #65-1032516) and filing of the annual Uniform Business Reports (UBR) for 2002 and 2003.

Upon the advice of an agent at the Florida Department of State I herewith enclose a Corporate Reinstatement Form for Vantage Corp as well as the Uniform Business Reports for the years in question. In addition, I am enclosing a check in the amount of \$300 as required for the two UBR reports (for 2002 and 2003). I respectfully request that you waive all penalties for late filing due to the fact that we never received the UBR forms. We apologize for any inconvenience this may have caused.

A prompt resolution to this matter is greatly appreciated. You can contact me at the telephone number listed below should the need arise.

Thanking you in advance for your work and effort.



Omar Botero, CEO