

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P0000023566

1. Corporation Name

V & M INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~9245 S.W. 157 STREET~~  
~~SUITE 203~~  
~~MIAMI FL 33157~~

9245 S.W. 157 STREET  
 SUITE 203  
 MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

14707 S. DIXIE HWY.

3. New Mailing Office Address, If Applicable

14707 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 309

Suite, Apt. #, etc.

SUITE 309

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

Zip

33176

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/07/2000

5. FEI Number

65-0988892

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names 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	4 City / State / Zip
<del>D</del>	<del>MARTINS, MARIA G</del>	<del>9245 S.W. 157 STREET</del>	<del>MIAMI FL 33157</del>
DP	VALDEMIRO SILVA	14707 S. DIXIE HWY. SUITE 309	MIAMI, FLORIDA 33176

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

~~MARTINS, MARIA G~~  
~~9245 S.W. 157 STREET~~  
~~SUITE 203~~  
~~MIAMI FL 33157~~

9. Name and Address of New Registered Agent

Name VALDEMIRO SILVA  
 Street Address (P.O. Box Number is Not Acceptable) 14707 S. DIXIE HWY  
 Suite, Apt. #, Etc. SUITE 309  
 City MIAMI State FL Zip Code 33176

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 Valdemiro Silva  
 REGISTERED AGENT MUST SIGN

Date 10/24/2002

11. 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: Valdemiro Silva VALDEMIRO SILVA 10/24/2002 (305) 259-7877  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

FILED  
 02 OCT 25 PM 12:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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