

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 11 58 AM
TALLAHASSEE

DOCUMENT # **P00 0000 23566**

1. Corporation Name

V & M INVESTMENT PROPERTIES, INC.

2. Principal Office Address
15715 S. DIXIE HWY

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip Country
33157-1875

Zip Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida **3/07/2000**

5. FFL Number
65-0988892

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
VALDEMIRO SILVA

Street Address (P.O. Box Number is Not Acceptable)
15715 S. DIXIE HWY

Suite, Apt. #, Etc.
201

City
MIAMI

State
FL

Zip Code
33157-1875

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 _____

Date _____

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 |
|--------|-----------------------------------|--|---------------------------|
| P | VALDEMIRO SILVA | 15715 S. DIXIE HWY | MIAMI, FLORIDA 33157-1875 |
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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: *Valdemiro Silva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #