

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY -5 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023566

1. Corporation Name

V&M INVESTMENT PROPERTIES INC

2. Principal Office Address - No P.O. Box #

95 NE 12 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

Zip

33033

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/00

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. Name and Address of Current Registered Agent

Name

VALDEMIRO SILVA

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

95 NE 12 STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Valdemiro Silva

Date MAY 1, 2009

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	95 NE 12 STREET	HOMESTEAD FL 33033
T	ROSA MARQUES	95 NE 12 STREET	HOMESTEAD FL 33033
S	MARIA MARTINS	95 NE 12 STREET	HOMESTEAD FL 33033

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

VALDEMIRO SILVA

MAY 1, 2009

305-216-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/09