

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

182

06 OCT 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000028257**

1. Corporation Name

**VAFY GROUP INC.**

2. Principal Office Address

**806 GOLDEN CANE DR**

Suite, Apt. #, etc.

City & State

**Weston**

Zip

**33327**

Country

**BRAZIL**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT **04-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/11/2003**

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Victor Fernandez**

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

**806 GOLDEN CANE DR**

Suite, Apt. #, Etc.

City

**Weston**

State

**FL**

Zip Code

**33327**

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

*Victor Fernandez*

Date **10-06-06**

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	Victor Fernandez	806 GOLDEN CANE DR	Weston FL 33327
VP	Silvia Fernandez	806 GOLDEN CANE DR	Weston FL 33327

700081154727  
10/24/06--01045--016 \*\*450.00

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:

*Victor Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-06-06**

Daytime Phone #

**754-422-0026**

FT LAUDERDALE 10/05/06

VICTOR FERNANDEZ

806 GOLDEN CANE DR

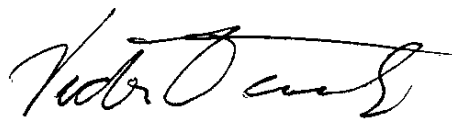
WESTON FL 33327

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DEAR SIR/MADAN:

THIS LETTER IS TO STATE WE DIDNT GET THE NOTIFICA-  
TION IN THE MAIL FOR 2004,2005,2006.I AM ENCLOSING A CHECK FOR  
\$450.00.PLEASE ACCEPT IT AND WAIVE THE PENALTIES.

YOURS SINCERELY

A handwritten signature in black ink, appearing to read "Victor Fernandez", with a stylized flourish at the end.

VICTOR FERNANDEZ