

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 NOV 13 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000116526  
1. Corporation Name  
**Versagroup Investments Corporation**  
W07-95016

600111639166  
11/02/07--01031--004 \*\*150.00

**REINSTATEMENT** 06-07  
CR2E061 (10/7)

2. Principal Office Address - No P.O. Box #  
414 Harbour Rd.  
Suite, Apt. #, etc.  
City & State  
N. Palm Beach, FL  
Zip Country  
33408 US

3. Mailing Office Address  
414 Harbour Rd.  
Suite, Apt. #, etc.  
City & State  
N. Palm Beach, FL  
Zip Country  
33408 US

4. Date Incorporated or Qualified To Do Business in Florida  
8-10-2004

5. FEI Number  
65-0481090  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name  
**Theodore T. Tarone, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Stromberg & Tarone PLC  
Suite, Apt. #, Etc.  
180 Royal Palm Way Suite 201  
City State Zip Code  
Palm Beach FL 33480

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 \_\_\_\_\_ Date **10/23/2007**  
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
CEO	STEPHANIE MAY	414 HARBOUR RD	N.P.B, FL 33408
PRES.	PABLO KAHAN	102 NE 2ND ST #285	BOCA RATON, FL 33432
			600112512658 11/21/07--01048--002 **150.00

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: Stephanie A May (Stephanie A. May) 10/24/2007 561.352.1912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/15/07