1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 28 AM 8:35

DOCUMENT # P04000117735

1. Corporation Name

VECAMO INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
6818 Finamore Circle		6818 Finamore Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Worth, FL		City & State: Lake Worth, FL	
Zip: 33467	Country: US	Zip: 33467	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 08/12/2004

5. FEI Number: 20-2381880 ☐ 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: Fletcher, Venn

Street Address (P.O. Box Number is Not Acceptable): 6818 Finamore Circle

600082102586
11/28/06--01042--009 **300.00

Suite, Apt. #, Etc.:

City: Lake Worth | State: FL | Zip Code: 33467

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	Fletcher, Caroline J.	6818 Finamore Circle	Lake Worth, FL 33467
VP	Fletcher, Venn	6818 Finamore Circle	Lake Worth, FL 33467

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: _____ 11/21/06 561-502-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VECAMO, Inc.
6818 Finamore Circle
Lake Worth, FL 33467
561-502-1197

November 21, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32301

RE: Corporate Reinstatement

Dear Department:

This letter is for the purpose of stating that the annual report required by the Department of State was not received by this corporation. We would like the late fees waived at this time.

I have enclosed the fees necessary to bring this corporation to current status.

Thank you very much for your cooperation in this matter.

Sincerely,

Venn Fletcher
VF/rbw