

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076792

1. Corporation Name  
VHRN, INC.

Principal Place of Business Mailing Address  
8601 S.W. 129TH. TERRACE P.O. BOX 560307  
MIAMI, FLORIDA 22156 MIAMI, FL. 33256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida 9/29/1995  
5. FEI Number 65-0613551 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MAURICE H. NAHMAD	9305 S.W. 142nd. STREET	MIAMI, FLORIDA 33176

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-11/20/97--01096--004  
\*\*\*\*923.75 \*\*\*\*923.75

REINSTATEMENT 96-97

A. Alan  
11/17/97

8. Name and Address of Current Registered Agent

MAURICE H, NAHMAD  
9305 S.W. 142nd. STREET  
MIAMI, FLORIDA 33176

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Maurice Nahmad  
REGISTERED AGENT MUST SIGN

Date 11-12-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Maurice Nahmad MAURICE H, NAHMAD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-97 (305) 232-5222  
Date Daytime Phone #

CP25000 (12-97)