

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -6 AM 11:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044350**

1. Corporation Name
VIERA SERVICES CORP.

Principal Place of Business Mailing Address
3709 MOCKINGBIRD HILL DRIVE **3709 MOCKINGBIRD HILL DRIVE**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**

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
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

REINSTATEMENT *02*

4. Date Incorporated or Qualified To Do Business in Florida **05/20/1997**

5. FEI Number **65-0754776** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VEATOR, DAVID	3709 MOCKINGBIRD HILL DRIVE	JENSEN BEACH FL 34957
S/T	VEATOR, CYNTHIA R	3709 MOCKINGBIRD HILL DRIVE	JENSEN BEACH FL 34957

8. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
 Name **SPIEGEL & UTRERA, P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **1840 Southwest 22 Street**
 Suite, Apt. #, Etc. **4th Floor**
 City **Miami** State **FL** Zip Code **33145**

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. or 617.0505, F.S.
SPIEGEL & UTRERA, P.A.
 Signature of Registered Agent **BY: [Signature]** **SIGNATURE REQUIRED** Date **11/13/02**
Natalia Utrera, Vice President MUST SIGN

11. 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: **[Signature]** **SIGNATURE REQUIRED** **David A. Veator** **10/24/02** **772-229-2575**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (802)