


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 31 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PG 8000022309**

1. Corporation Name
VAMARS INC

2. Principal Office Address
2195 HARDEY ST.

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE FL

Zip
33980

Country
CHARLOTTE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
ABOVE

Zip

Country

REINSTATEMENT *0001*

4. Date Incorporated or Qualified To Do Business in Florida **3/9/1998**

5. FEI Number **65-0819521**

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
MARJORIE LINDO

Street Address (P.O. Box Number is Not Acceptable)
2195 HARDEY ST.

Suite, Apt. #, Etc.

City
PORT CHARLOTTE

State
FL

Zip Code
33980

680004755456-7
-01/07/02--01048--003
*******900.00 *****900.00**

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 **Marjorie Lindo** Date **12/31/01**

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	VALON LINDO	2195 HARDEY ST.	PORT CHARLOTTE FL 33980

med

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 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: **Valon Lindo** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)