

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -6 AM 11:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014565**

1. Corporation Name

V-BLOCKS CORPORATION

Principal Place of Business

Mailing Address

3430 NW 82ND STREET
 MIAMI FL 33147

3430 NW 82ND STREET
 MIAMI FL 33147

*8820 NW 35ct
 Miami, FL 33147*

*8820 NW 35ct
 Miami, FL 33147*



REINSTATEMENT



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1999 **SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALVAREZ, JUAN A	3430 NW 82ND STREET <i>8820 NW 35ct</i>	MIAMI FL 33147
STD	VESCIO, VANEZZA V	3430 NW 82ND STREET <i>8820 NW 35ct</i>	MIAMI FL 33147
			200003481838--7 -11/30/00--01092--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VESCIO, VANEZZA V
 3430 NW 82ND STREET
 MIAMI FL 33147

Name *Vescio, Vanezza V*
 Street Address (P.O. Box Number is Not Acceptable) *8820 NW 35ct*
 Suite, Apt. #, Etc. *Miami,*
 City *FL* State *FL* Zip Code *33147*

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

[Signature] *Vanezza V. Vescio*

REGISTERED AGENT MUST SIGN

Date

10/31/00

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] *Vanezza V. Vescio*
 SIGNATURE AND TRUE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 592-9715 work

[Signature] *Juan A. Alvarez*

CR2E040 (8/00)