

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # S-15232

1. Corporation Name

VS Development, Inc.

Principal Place of Business

Mailing Address

40 Empresas Villamil  
416 Ponce de Leon Avenue  
Suite 1800  
Hato Rey, PR 00918

W97-20175

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

2. New Principal Office Address, If Applicable

40 Empresas Villamil

Suite, Apt. #, etc.

Same

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

40 Empresas Villamil

Suite, Apt. #, etc.

416 Ponce de Leon Avenue

City & State

Suite 1800  
Hato Rey, Puerto Rico

Zip

Country

00918

USA

4. Date Incorporated or Qualified To Do Business in Florida

11-27-90

5. FEI Number

65-0236400

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/P	Sara Villamil	same as item 3 above	600002381576-8 -12/23/97-01123-007 ****923.75 ****923.75 Plantation, FL 33313
D	Eduardo Villamil	same as item 3 above	
D	Roberto Villamil	same as item 3 above	
D/S	Patricia Villamil	same as item 3 above	
D.	Joaquin Villamil	same as item 3 above	
D D/T	María Isabel Sordo Jorge H. Sordo	6600 NW 14th Street	

8. Name and Address of Current Registered Agent

Law Office of Carlos A. Romero, Jr., PA  
3195 Ponce de Leon Blvd.  
Suite 400  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

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

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

*Carlos A. Romero, Jr.*

REGISTERED AGENT MUST SIGN

Date 12-12-97

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:

*Sara Villamil* / Sara Villamil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-97  
Date

(787) 754-8108  
Daytime Phone #

FILED  
97 DEC 17 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (12/95)