PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secr	PARTMENT OF STATE retary of State of corporations	E	FILED 06 JAN 17 PM		
DOCUMENT # P930 1. Corporation Name VRONIF		840		TALLAHASSEE, I	siATL TLCHDA	
2. Principal Office Address	s 3. Mailing Office Andress			Serial transfer and transfer with	3	
468 GOLDEN ISLES DE Suite, Apt. #, etc.	IDEN ISLES DR 200 SW 25		9D	CR2E081 (12/05)	04-06	
City & State	TOWNS Phone	City & Class		4. Date incorporated or Qualified To Do Business in Florida 1-28-93		
HALLANDALE FL		City & State MIAMI FL		5. FEI Number Applied Fo:		
Zip Country 33009 U.S.A.	Zip 33/29	Country U.S.A.	65-0	S8.75 Add	Not Applicable fitional Fee required entificate of Status	
7. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number Is Not Acceptable) 200 SIX 25 Th ROAD Suite, Apt. #, Etc. City 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the ob				006447851 5-01003-004 **4 State Zip Code FL 33/29		
Signature of Registered Agent	REGISTERED AGENT		ne obligations of secti	on 607.0505 or 817.0503, F.S. Date		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea						
Titles Name of Officers and/or Directo	rs	Street Address of Each Officer and/or Director		City / State / Zip		
P ROBERTO AVELLA		468 GOLDEN ISLES DR.		HALIANDALE, FL-33009		
IP IDA AVELLA		468 GOLDEN ISLES DR		HALLANDALE, FL-33009		
P ROBERTA AVELLA		468 GOLDEN ISLES DR		HALLANDALE, FL	-33009	
S VALENTINA AVE.	419 46	68 GOLDEN ISL	ES DR	HALIANDALE, FL	-33009	
T LARA GIANELLO		68 GOLDEN ISA	LES DR	HAHANDALE, FL	'-33 <i>009</i>	
10. I certify that I am an officer or director or the retinis reinstatement application, the reason for director on this reinstatement application have been paid and tron this application is true and accurate, and the SIGNATURE	issolution has been elim ne names of individuals reignature shall have th	ninated, the corporate name sati listed on this form do not qualify ne same legal effect as if made in AS PRESIDE ROBERTO A	isfies the requirement of for an exemption counder oath.	s of section 607.0401 or 617.0401, F. ntained in Chapter 119, F.S. The info	S., that all fees mation indicated	

Vronia, Inc.

FAX COVER PAGE

SENT TO: FL DEPARTMENT OF STATE, DIVISION OF CORPORATIONS	FROM: RICARDO MAGNI		
COMPANY: ATT: REINSTATMENT DEPARTMENT			
FAX NUMBER:	OUR PHONE IS: 954-455-2864 OUR FAX IS: 305-854-9925		
SUBJECT: DOC # P93000006840 VRONIA, INC.	DATE: January 14, 2006		

MESSAGE:

Gentlemen,

We are enclosing a check number 1410, for the amount of \$450.00 with document filled out and duly signed, in order to reinstate VRONIA, INC, Documents # P93000006840.

As per telephone conversation with your department, our corporation whom the owners live most of the year in Europe, never received any notification nor any notice of non compliance, for the correct and timely filling of the corporation's annual state fee. We were advised by an attorney doing some legal work for us, that the corporation had been administratively dissolved for the non compliance of this important filling.

We appreciate the opportunity to reinstate the corporation and have taken important steps so this does not happens again.

Sincerely.

Ricardo Magni

As registered agent for the corporation.

Cc: Mr. Roberto Avella

President