

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 13 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000116526

1. Corporation Name

Versagroup Investments Corporation

W07-55016

600111639166
11/02/07--01031--004 **150.00

REINSTATEMENT
CR2E061 (10/7)

06-07

2. Principal Office Address - No P.O. Box #

414 Harbour Rd.

3. Mailing Office Address

414 Harbour Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

Zip

33408

Country

US

Zip

33408

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8-10-2004

5. FEI Number

65-0481090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Theodore T. Tarone, Jr.

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

c/o Stromberg & Tarone PLC

Suite, Apt. #, Etc.

180 Royal Palm Way Suite 201

City

Palm Beach

State

FL

Zip Code

33480

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/23/2007

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 |
|--------|--------------------------------------|---|----------------------|
| CEO | STEPHANIE MAY | 414 HARBOUR RD | N.P.B, FL 33408 |
| PRES | PABLO KAHAN | 102 NE 2ND ST #285 | BOCA RATON, FL 33432 |
| | | | |
| | | | |
| | | | |

600112512658

11/21/07--01048--002 **150.00

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 contained in Chapter 119, 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:

Stephanie A May (Stephanie A. May)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2007

Date

561.352.1912

Daytime Phone #

11/15/07