


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 745830		
1. Entity Name VAKA, INC.		

FILED

05 OCT 14 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 121 NORTH B STREET APT 3 LAKE WORTH, FL 33460 US	Mailing Address 121 NORTH B STREET APT 3 LAKE WORTH, FL 33460 US
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2. Principal Place of Business SAME	3. Mailing Address 7800 West Lake DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

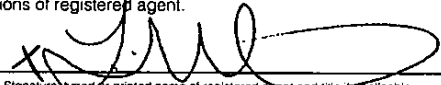


09302005 REIN-NP CR2E099 (6/04)

City & State West Palm Beach, FL		4. FEI Number 65-0022567		Applied For <input type="checkbox"/> Not Applicable
Zip 33406	Country	Zip 33406	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

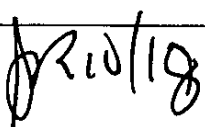
6. Name and Address of Current Registered Agent FIELDS, GARY D 4400 PGA BLVD, SUITE 700 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name: FRANCOIS BENJAMIN Street Address (P.O. Box Number is Not Acceptable): 7800 WEST LAKE DR City: West Palm Beach FL Zip Code: 33406	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

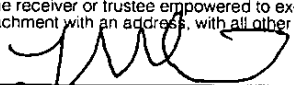
SIGNATURE:  DATE: 10/7/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLAFANE, VINCENT 121 NORTH B STREET LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANCOIS BENJAMIN 7800 West Lake DR West Palm Beach <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VILLAFANE, MILAGROS 121 NORTH B STREET LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/18/05-01064-002 \$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CDLSHAMI, ABRAHAM 121 NORTH B STREET LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR