

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 10 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001611 1. Entity Name VOCE INTERNATIONAL GROUP OF COMPANIES INC.					
Principal Place of Business 1925 N.E. 45TH STE 234 FT LAUDERDALE, FL 33308			Mailing Address 1925 N.E. 45TH STE 234 FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # 600 WEST PROSPECT ROAD		3. Mailing Address 600 WEST PROSPECT ROAD			
Suite, Apt. #, etc. 2-F		Suite, Apt. #, etc. 2-F			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL			
Zip 33309		Country USA		4. FEI Number 54-2308716	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent VOCE, ALLAN G 1925 N.E. 45TH ST., STE 234 FT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name VOCE, ALLAN G.S. Street Address (P.O. Box Number is Not Acceptable) 600 WEST PROSPECT ROAD, SUITE 2-F City FORT LAUDERDALE FL 33309		
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 Signature, typed or printed name of registered agent and title if applicable		ALLAN G.S. VOCE (NOTE: Registered Agent signature required when reinstating)		DATE OCTOBER 3, 2007	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCO VOCE, ALLAN S <input type="checkbox"/> Delete 1925 N.E. 45TH STREET, STE 234 FT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCO VOCE, ALLAN G.S. <input type="checkbox"/> Change <input type="checkbox"/> Addition 600 WEST PROSPECT ROAD, SUITE 2-F FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOCE, MICHAEL C <input type="checkbox"/> Delete 1925 N.E. 45TH STREET, STE 234 FT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOCE, MICHAEL C. <input type="checkbox"/> Change <input type="checkbox"/> Addition 600 WEST PROSPECT ROAD, SUITE 2-F FORT LAUDERDALE, FL 33309	
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 <div style="text-align: center;"> 700110605587 10/10/07--01054--005 **150.00 </div>	
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 exemptions contained in Chapter 119, 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 607, 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: <u>ALLAN G.S. VOCE, PRESIDENT</u> <u>10/3/07</u> <u>954-566-2708</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

10/11
aw