


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -9 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000339 1. Entity Name VISION EVANGELISTIC AND MUSICAL ACTION, INC.	
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Principal Place of Business PO BOX 82014 TAMPA, FL 33682	Mailing Address PO BOX 82014 TAMPA, FL 33682
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REINSTATEMENT *04*



2. Principal Place of Business 8916 N. NEBRASKA AVE. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11022004 REIN-NP CR2E099 (6/04)

City & State TAMPA FL.	City & State	4. FEI Number 13-3693695	Applied For <input type="checkbox"/> Not Applicable
Zip 33604	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CALLE, ISAAC
 223 MARHAM AVE.
 TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable):
100943224251
12/07/04--01007--019 **245.00
 City: **FL** Zip Code: _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	CALLE, ISAAC
STREET ADDRESS	223 MARHAM AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	S <input type="checkbox"/> Delete
NAME	ALBARRACIM, PABLO
STREET ADDRESS	531 W. 143RD ST., #5D
CITY-ST-ZIP	NEW YORK, NY
TITLE	T <input type="checkbox"/> Delete
NAME	VAZQUEZ, MONSERRATE
STREET ADDRESS	189 ALLEN ST #16E
CITY-ST-ZIP	NEW YORK, NY
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Isaac Calle* **Isaac Calle** **12-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #