## 2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED	 	
DOCUMENT # F970	00000203			SE nivi:	ECRETARY OF ST SION OF CORPOR	ATIONS	
1. Entity Name VINTEN INC.							
VIII VIII VIII VIII VIII VIII VIII VII	•			U	4 OCT 28 PH 12	• 11	
Principal Place of Business	Mailing Address						
709 EXECUTIVE BLVD.	709 EXECUTIVE BLVD.					د : ا دیا	
VALLEY COTTAGE, NY 10989	S. VALLEY COTTAGE, NY	10989					
Principal Place of Business	3. Mailing Address						
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		004 REIN-P	CR2E098 (6/04)	<u> </u>	
City & State	City & State	City & State		lumber 2800192		lied For Applicable	
Zip Country	Zip	Country		ficate of Status Desired	} <b>┌⋊ \$8.75</b> Additi		
6. Name and Address	of Current Registered Agent	1	7. Name	e and Address of New I	Fee Required Registered Agent		
CORPORATION SERVICE COMPANY			Name · _ · · · · · · · · · · · · · · · · ·				
1201 HAYS STREET TALLAHASSEE. FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)				
77.00 117.0000, 12 02007-202							
		City			FL Zip Code		
<ol><li>The above named entity submits this the obligations of registered agent.</li></ol>	statement for the purpose of changing its	registered office	or registered agent,	or both, in the State of Fi	lorida. I am familiar with, ar	nd accept	
SIGNATURE SIGNATURE (9/27/04)							
Signature, typed of printed name of r	egistere agent and title if applicable. (NOTI	E: Registered Agent si	gnature required when reins	:tating)	/DATE . /		
FILE NOW!! FEE IS \$150			•	In accordance	with s. 607.193(2)(b), F. I not receive the prior no	.S., the	
After January 1, 2005, Fee will	CERS AND DIRECTORS	<b>1</b> 44	ABOITI		•		
10. / OFFI	Delete "	11.	VP			Addition	
NAME DENICOLA, MIKE STREET ADDRESS 709 EXECUTIVE BLVE	).	NAME STREET ADDRESS	Christo	pher O'Neill cutive Boule	vard		
CITY-ST-ZIP VALLEY COTTAGE, N	Y 10989	CITY-ST-ZIP	Valley	Cottage, NY	10989		
TITLE TD  NAME PISCITELLI, NICHOLA	L <b>X</b> Delete	TITLE NAME	Martin	P. Frasco	🛣 Change	Addition	
STREET ADDRESS 709 EXECUTIVE BLV	Э.	STREET ADDRESS	709 Exe	cutive Boule			
TITLE S	Y 10989	CITY-ST-ZIP	valley	Cottage, NY		Addition	
NAME MARTELL, MICHAEL I STREET ADDRESS 521.5TH AVE., 22ND F	_	NAME STREET ADDRESS		2 <b>00042</b> 2 /28/0401032			
CITY-ST-ZIP NEW YORK, NY 1017		CITY-ST-ZIP	10,	/28/0401032	017 **158.7	'5	
TITLE	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS		STREET ADDRESS					
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NAME	_ Dolete	NAME			Unange	Addition	
STREET ADDRESS CITY-ST-2IP		STREET ADDRESS CITY-ST-ZIP					
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STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP	inplied with this filling does not overity for	CITY-ST-ZIP	atad in Castian 110.0	7/2V// Elorido Ctot *	1 Earthur postification to the fort	rmatica	
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 eport 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 a	n address, with all other like empowered.	•		/ /	·		
SIGNATURE: 10/24/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #							

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