PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 SEP 21 AM 9:53
DOCUMENT # F97000 1. Corporation Name VAMPUR QUUSUFLUG	JUD 2000 JUNICELS, INC.	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address 11 084 NW Up th Street Suite, Apt. #, etc.	3. Mailing Office Address Po hox 450731	REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida (Q.8-
City & State SUNRISE, FL Zip Country 33351 US	City & State	To Do Business in Florida 5. FEI Number 45-0877754 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Michael L. Street Address (P.O. Box Number is Not all 054 NV Suite, Apt. #, Etc. City SUNRISE. 8. I, being appointed the registered agent of the above	7. Name and Address of Current Register Vamper of Acceptable) 40 40 we named corporation, am familiar with and accept the o	-10/06/0001087008 -10/06/0001087008 +**1058.75 ***1058.75
Signature of Registered Agent Date 9/20/00 REGISTERED AGENT MUST SIGN		
	l/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	, City / State / Zip
Mr Michael Vanger	- 11.05.4NW_	WHISE SONRIGE, FL 3335.1
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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 under section 119.07(3)(i), 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: 9/20/00 954 7496212		

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR