

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 APR 17 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H32512**

1. Corporation Name
VIRMAR INVESTMENTS, INC.

Mailing Address: **C/O MARTHA M. BUSTILLO, P. O. BOX 0336, MIAMI FL 33144, US**
 Principal Place of Business: **C/O MARTHA M. BUSTILLO, 8500 SW 8TH ST., SUITE 228, MIAMI FL 33144**

REINSTATEMENT 94-97
mwb

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable: **14481 SW 52 ST**
 3. New Principal Office Address, If Applicable: **14481 SW 52 ST**

4. Date Incorporated or Qualified To Do Business in Florida: **11/30/1984**

Suite, Apt. #, etc.: **Miami, FLORIDA**
 City & State: **Miami FL**

5. FEI Number: **59-2481649**
 Applied For: Not Applicable:

Zip: **33175** Country: **DADE**
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	BUSTILLO, MARTHA M.	14481 S.W. 52ND ST.	MIAMI FL
DVP	VENEDICTO, OLGA, A	14431 S.W. 112TH TERR.	MIAMI FL

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8. Name and Address of Current Registered Agent
**BUSTILLO, MARTHA M.
 14481 S.W. 52ND ST.
 MIAMI FL 33144**

9. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 Suite, Apt. #, Etc.: _____
 City: _____ State: **FL** Zip Code: _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: **4/14/97**
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]* Date: **4/14/97** Daytime Phone #: **261-6583**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (6/94)