

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L21089 1. Entity Name VBRO ENTERPRISES, INC.			
Principal Place of Business 4957 RIVER GEM AVE WINDERMERE, FL 34786 US		Mailing Address 4957 RIVER GEM AVE WINDERMERE, FL 34786 US	
2. Principal Place of Business - No P.O. Box # 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300		3. Mailing Address 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300	
City & State Longwood, Florida Zip Country 32779		City & State Longwood, Florida Zip Country 32779	
		 REINSTATEMENT 06-07 <small>0514200711 REIN:PA CR2E008 (1/07)</small>	
		4. FEI Number 59-2970397 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VYAS, BHOGILAL 4957 RIVER GEM AVE WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name Robert Strogis Street Address (P.O. Box Number is Not Acceptable) 320 W. Sabal Palm Place Suite 300 City State Zip Code Longwood FL 32779	
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 <u><i>Robert Strogis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Robert Strogis DATE <u>5/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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	D VYAS, BHOGILAL 4957 RIVER GEM AVE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE	300103040683 05/22/07-01051-011 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VYAS, SUREE 705 W SR 434 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE	D Vyas, Suree 320 W. Sabal Palm Place #300 Longwood, Floirda 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D Robert Strogis 320 W. Sabal Palm Place #300 Longwood, Florida 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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><i>Robert Strogis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Robert Strogis Date <u>5/15/07</u> Daytime Phone # _____	

FILED

07 MAY 22 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA