PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

87-06

REINSTATEMENT

CR2E031 (12/05)

DOCUMENT # M76713

1. Corporation Name
VMD ENTERPRISES, INC.

2. Principal Office Address		3. Mailing Office Address	
4330 North A1A		4330 North A1A	
Suite, Apt. #, etc. Apt. 301		Suite, Apt. #, etc. Apt. 301	
City & State Ft. Pierce, Florida		City & State Ft. Pierce, Florida	
Zip 34949	Country USA	Zip 34949	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/15/1988

5. FEI Number 65-0047742 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Steven Warm, Esquire

Street Address (P.O. Box Number is Not Acceptable): 2101 NW Corporate Blvd.

Suite, Apt. #, Etc.: 220

City: Boca Raton State: FL Zip Code: 33431

000082228369 12/02/06--01007--024 **3033.75 VOID

000082218500 12/04/06--01010--024 **3033.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 11/17/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVPST	VASIL DOUDOV	4330 North A1A, Apt. 301	Ft. Pierce, Florida 34949

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 contained in Chapter 119, 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: Vasil M. Doudov 11/26/06 (772) 461-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vasil M. Doudov