

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M98115

1. Entity Name
VENDOME EQUITIES, INC.



FILED

06 MAY 19 PM 3:45

Principal Place of Business
1001 BRICKELL BAY DRIVE, 9
MIAMI, FL 33131

Mailing Address
C/O MORRISON BROWN ARGIZ & CO
1001 BRICKELL BAY DRIVE, 9
MIAMI, FL 33131

REINSTATEMENT DATE
FALL 2006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

REIN-P

CR2E098 (11/05)

4. FEI Number
65-0080636

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, BROWN, ARGIZ & FARRA, LLP
CERTIFIED PUBLIC ACCOUNTANTS
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/18/05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LAURANS, JEAN-JACQUES
1001 BRICKELL BAY DR, 9TH FLOOR
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100075547501
05/31/06--01015--010 **308.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
FARRA, MIGUEL G
1001 BRICKELL BAY DR, 9TH FLOOR
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY - ST - ZIP
PPS/25 ☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05