2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# N03000004840

Entity Name: VR1, INC

Current Principal Place of Business:

9020 SW 52 ND STREET
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

9020 SW 52 ND STREET
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 13-4254292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, JOSE, CPA
12839 NW 18 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TJ

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAHAM, MOHAN
Address: 9020 SW 52 ND STREET
City-St-Zip: COOPER CITY, FL 33328 US

Title: D ( ) Delete
Name: ABRHAM, RITA P
Address: 9020 SW 52 ND STREET
City-St-Zip: COOPER CITY, FL 33328 US

Title: D ( ) Delete
Name: PAZHUMALIL, AVRAN J
Address: 9020 SW 52 ND STREET
City-St-Zip: COOPER CITY, FL 33328 US

Title: D ( ) Delete
Name: PAZHUMALIL, AMRITA J
Address: 9020 SW 52 ND STREET
City-St-Zip: COOPER CITY, FL 33328 US

Title: D ( ) Delete
Name: MATHEW, FRANK J
Address: PO BOX 4999
City-St-Zip: UNIVERSITY, MS 38677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MA P 09/21/2005

Electronic Signature of Signing Officer or Director — Date