

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 23 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02-03		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000041895 1. Corporation Name VBA DEVELOPERS, CORP.			
2. Principal Office Address c/o Jhon Castro Suite, Apt. #, etc. 6976 SW 110 PLace City & State Miami, Florida Zip 33173		3. Mailing Office Address c/o Jhon Castro Suite, Apt. #, etc. 6976 SW 110 Place City, F. State Miami, Florida Zip 33173	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 4/26/00	
5. FEI Number 65-1002705	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name Castro, Jhon F. Street Address (P.O. Box Number is Not Acceptable) 208 Southwest 98 Place Suite, Apt. #, Etc. City Miami, Florida		State FL Zip Code 33174
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06/23/03-01059-010-#300.00

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: <i>[Signature]</i> Date: 06-17-03 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jhon F. Castro	208 Southwest 98 Place	Miami, Florida 33173
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 under section 11B.07(3)(f), 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: <i>[Signature]</i> Date: 06-17-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR0000110010

8/6/23

JANET G. CILLO
CERTIFIED PUBLIC ACCOUNTANT
66 MACCULLOCH AVENUE
MORRISTOWN, NEW JERSEY 07960
973-326-9913
FACSIMILE 973-326-9916

June 13, 2003

To Whom It May Concern:

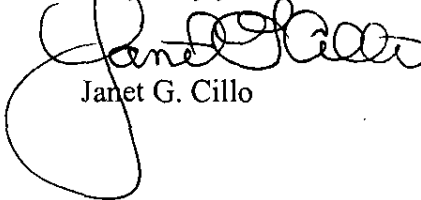
I have been retained as the Certified Public Accountant of VBA Developers, Corp. beginning January 1, 2001 through current date.

The taxpayer, VBA Developers, Corp. respectfully requests that the reinstatement fee of \$600.00 be waived based upon the following:

- 1) Mr. Castro, president of VBA Developers, Corp. did not receive a Uniform Business Report for years 2002 and 2003.
- 2) The corporation mailing address during the period of 2001 to present did change and it is highly probable the corporation's mail was not forwarded to Mr. Castro.

If you have any questions or need additional information, please do not hesitate to call.

Very truly yours,



Janet G. Cillo