
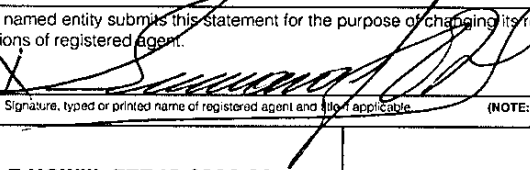
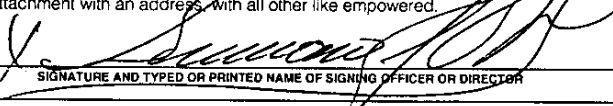


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000041932 1. Entity Name VLADY CORPORATION						FILED 05 JUN -7 AM 9:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11455 ORANGE BLONSON TRAIL SUITE 69 ORLANDO, FL 32837				Mailing Address 11455 ORANGE BLONSON TRAIL SUITE 69 ORLANDO, FL 32837			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3643031				<input type="checkbox"/> 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 SERRANO, DAMARIS M MRS. 2624 BAYLEAF DR ORLANDO, FL 32837				7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating) 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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P SERRANO, DAMARIS M 2624 BAYLEAF DR SUITE 6 ORLANDO, FL 32837				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 #							

1052

REINSTATEMENT 04-05-06
400056603414
06/28/05--01019--014 **300.00

March 29, 2005

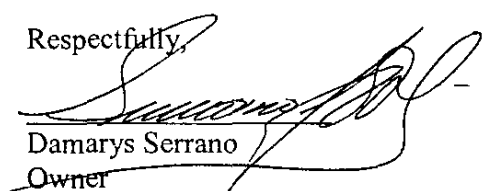
Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, FL 32399

REF: DOC P00000041932
Corporation Renovation 2004

Please enclosed find a check for the amount of \$150.00 to renew my corporation for 2004. And by this I would like to ask if you can wave any penalty incurred for corporation 2004 renovation. I am not receiving any information or documents from your office, I find out that my previous accountant has a P O Box as my address and I never had a PO Box.

My address is 11455 S Orange Blossom TRL., Suite 10 - Orlando, FL 32837. Please, if you have any questions do not hesitate to contact me at telephone number 407- 251-6464.

Respectfully,


Damaris Serrano
Owner