

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 12 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088759

1. Corporation Name

VAM GROUP INC

2. Principal Office Address

3456 W 84 ST

Suite, Apt. #, etc.
Bay 112-F

City & State
Hialeah-FL

Zip
33018

Country
USA

3. Mailing Office Address

18584 SW 55th St

Suite, Apt. #, etc.

City & State
Miramar-FL

Zip
33029

Country
USA

REINSTATEMENT CB2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
65-1041403

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lourdes Amo

Street Address (P.O. Box Number is Not Acceptable)
16636 SW 6th St

Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33027

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

Lourdes Amo

Date

9/07/06

REGISTERED AGENT MUST SIGN

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
D	Lourdes Amo	16636 SW 6th St	Pembroke Pines/FL/33027

110079863741
09/19/06--01017--021 ***450.00

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:

Lourdes Amo / Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/07/06

Daytime Phone #

305-7581136

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2/2

September 07, 2006

State of Florida Division of Corp
PO Box 6327
Tallahassee, FL 32314

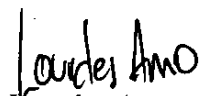
RE: Doc# P00000088759
VAM GROUP INC

To Whom it may concern:

Please be advised by this letter that we have never received the renewal of our corporation or the notice that the corporation had been dissolved. At this time we are changing the address to make sure we receive your notices. We are enclosing a check for 2004,2005 and 2006 renewal fees so that our corporation can be reinstated.

If we can be of any assistance, please feel free to call,

Yours Truly,



Lourdes Amo
President