DOCUMENT # P00000096460

1. Entity Name

Vilendi Communications Group, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 14 PM 5:03

[redacted]

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~437 Perugia Street~~	~~437 Perugia Street~~
~~Coral Gables, FL 33146~~	~~Coral Gables, FL 33146~~

2. Principal Place of Business	3. Mailing Address
2625 Ponce de Leon Blvd.	2625 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134 / Country	Zip 33134 / Country

4. FEI Number 65-1063043 — 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
~~Filings, Inc.~~	Name J. Everett Wilson
~~3732 NW 16th Street~~	Street Address (P.O. Box Number is Not Acceptable) 2151 Le Jeune Rd.
~~Ft. Lauderdale, FL 33311-4132~~	Mezzanine
	City Coral Gables FL Zip Code 33134

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.

SIGNATURE _____ 11/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete	TITLE D ☑ Change ☐ Addition
NAME Tous, Vivian M.	NAME Tous, Vivian M.
STREET ADDRESS 437 Perugia Street	STREET ADDRESS 2625 Ponce de Leon Blvd, #201
CITY-ST-ZIP Coral Gables, FL 33146	CITY-ST-ZIP Coral Gables FL 33134
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME 900004703509--3
STREET ADDRESS	STREET ADDRESS -12/04/01--01024--013
CITY-ST-ZIP	CITY-ST-ZIP ****750.00 ****750.00
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

11/29

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian M. Tous 11/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #