

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000107326

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** V M C MARKETING & RELATED SERVICES, INC.

**Current Principal Place of Business:**

2500 NW79 AV  
SUITE 206  
DORAL, FL 33122

**New Principal Place of Business:**

8249 NW 36TH STREET  
SUITE 117  
DORAL, FL 33166

**Current Mailing Address:**

2500 NW 79 AV.  
206  
DORAL, FL 33122

**New Mailing Address:**

8249 NW 36TH STREET  
SUITE 117  
DORAL, FL 33166

**FEI Number:** 65-1056200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, ANDREA OSORIO  
2500 NW 79 AV  
SUITE 206  
DORAL, FL 33122 US

**Name and Address of New Registered Agent:**

GOMEZ, ANDREA OSORIO  
8249 NW 36TH ST  
SUITE 117  
DORAL, FL 33166 US

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: ANDREA O GOMEZ

10/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOMEZ, MARIA P  
Address: 8249 NW 36TH STREET STE 117  
City-St-Zip: DORAL, FL 33166

Title: SD  
Name: GOMEZ, ANDREA OSORIO  
Address: 8249 NW 36TH ST STE 117  
City-St-Zip: DORAL, FL 33166

Title: TD  
Name: GOMEZ, DAVID OSORIO  
Address: 8249 NW 36TH ST STE 117  
City-St-Zip: DORAL, FL 33166

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA P GOMEZ

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10/07/2010

Electronic Signature of Signing Officer or Director

Date