

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000024755

1. Corporation Name

ACEVEDO VIP MANAGEMENT SERVICES, INC.

REINSTATEMENT 03-05

2. Principal Office Address

463 WEST 62 STREET

3. Mailing Office Address

463 WEST 62 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

Zip

33140

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/09/2001

5. FEI Number

65-1085346

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

NORA ACEVEDO

Street Address (P.O. Box Number is Not Acceptable)

463 WEST 62 STREET

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

8/24/05

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
DPS	NORA ACEVEDO	463.WEST. 62 STREET	MIAMI BEACH, FL 33140

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 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

8/24/05

11/30

CD00000001/01

ERNESTO GONZALEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
GABLES INTERNATIONAL PLAZA
2655 LE JEUNE ROAD, SUITE PH 2-B
CORAL GABLES, FLORIDA 33134-5827

MEMBER
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July 13, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Acevedo VIP Management Services, Inc.
Document # P01000024755
EIN: 65-1085346
Form: Corporation Reinstatement

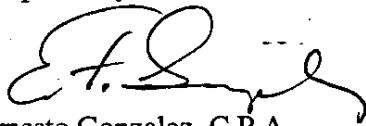
To Whom It May Concern:

The above-captioned Corporation has not received its *Uniform Business Report (UBR)*, for the years 2003, 2004 and 2005. Please note the change in principal office address and mailing office address in the enclosed form.

As per your request, enclosed please find the *Corporation Reinstatement* and a check payable to Department of State for \$450.00, which includes \$150.00 for each of the years 2003, 2004 and 2005.

Should you need any additional information, please do not hesitate to call me.

Respectfully,



Ernesto Gonzalez, C.P.A.
For The Firm

Enclosures Corporation Reinstatement
A check in the amount of \$450.

Cc: Acevedo VIP Management Services, Inc.