

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000060017

1. Corporation Name

V.Z.P. Corp.

2. Principal Office Address

P.O. Box 385

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 385

Suite, Apt. #, etc.

City & State

Greensboro, FL

City & State

Greensboro, FL

Zip

32330-0385

Country

Zip

32330-0385

Country

400023554244
10/03/03-01091-029 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Vousis Paden

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

632 Liberty Road

Suite, Apt. #, Etc.

Quincy

State
FL

Zip Code
32351

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

Date _____

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
DP	Vousis Paden	632 Liberty Road	Quincy, FL 32351
			TS

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 #

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Anderson & Anderson
Post Office Box 1822
Quincy, FL 32353

• ANDERSON & ANDERSON

9/25/03

Florida Department of State
Division of Corporation
Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to inform you concerning, the annual reports for VZP Corporation.

We did receive a renewal notice for the current reporting period. Upon receipt of this letter, I am requesting that the reinstatement fees be removed from the account.

Your consideration in this matter will be greatly appreciated. Please contact me at 425-6200 ext. 420 if you have additional questions or concerns.

Thanking you in advance for your continued support.

Sincerely,

Fred Anderson
Fred Anderson, Jr., CPA