

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 APR 18 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084909

1. Corporation Name

Vedacipher Corporation

2. Principal Office Address

1700 Linton Lake Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33445

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

651132799

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

Rony El-Nashar

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

1700 Linton Lake Drive

Suite, Apt. #, Etc.

C

City

Delray Beach

State
FL

Zip Code

33445

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 4/12/05

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
P	Rony El-Nashar	1700-C Linton Lake Drive	Delray Beach, FL 33445

600054124856

05/10/05--01008--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 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

4/12/05

Date

561 542 0034

Daytime Phone #

CR2E081 (01/05)

292

To Whom it May Concern:

I would like to request a waiver of the reinstatement fee (as discussed over phone) as we have never received any notices for renewal. It appears they were going to the wrong address. I am enclosing a cheque for \$450 for the filing fees as instructed by one of your telephone representatives.

Rony El-Nashar
President

VedaCipher Corporation

EIN # 651132799

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phone: (561) 542-0034