


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # P01000086426

1. Corporation Name

VEGETABLE PLUS CORPORATION

2. Principal Office Address

9472 NW 52ND PLACE

3. Mailing Office Address

9472 NW 52ND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip
33351

Country

Zip
33351

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

5. FEI Number

65-1148567

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

GERMAN, JOSE

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

9472 NW 52ND PLACE

Suite, Apt. #, Etc.

City

SUNRISE, FL

State

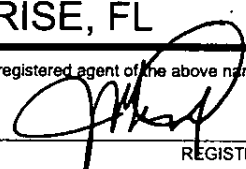
FL

Zip Code

33351

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 01/31/2006

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
PD	GERMAN, JOSE	9472 NW 52ND PLACE	SUNRISE, FL 33351
STD	GERMAN, MARIA	9472 NW 52ND PLACE	SUNRISE, FL 33351

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 contained in Chapter 119, 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

01/31/2006

Date

Daytime Phone #

954-946-0104

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

Page 2

1499 West Palmetto Pk Rd
Suite 416
Boca Raton, FL 33486
TEL: (561) 362-0491

National Society of Tax Professional

January, 31/2006

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

REF: VEGETABLE PLUS CORPORATION . /Document #P01000086426

Dears Sirs,

Because our client never received the notice to file annual report fee, please accept this filing according our conversation today by phone to submitted the **Annual reports for the years 2005 as a reinstatement.**

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely


Andre K. Kattoura

Enclosure (s)
Check # 150.00 with annual report Form 2005