



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 APR 30 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 07-10 700179473297 04/30/10--01057--021 **\$600.00	
DOCUMENT # P01000087645					
1. Corporation Name Vanessa Management, Inc.					
2. Principal Office Address - No P.O. Box # 201 Alhambra Circle Suite, Apt. #, etc. Suite 501 City & State Coral Gables, FL. Zip 33134 Country US		3. Mailing Office Address c/o Carlos Navarro 2829 Bird Ave. Suite, Apt. #, etc. #5 PMB 299 City & State Coral Gables, FL. Zip 33134 Country US			
		4. Date Incorporated or Qualified To Do Business in Florida 09/06/2001			
		5. FEI Number 900015585		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Albert J. Lazo, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite, Apt. #, Etc. Suite 501 City Coral Gables State FL Zip Code 33134				PROFIT CORPORATIONS ONLY <input checked="" type="checkbox"/> The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 4/29/10 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	
PD	Vanessa Navarro	c/o Carlos Navarro 2829 Bird Ave #5 PMB 299		Miami, FL. 33133	
				005/5	
10. E-mail Address: Alazo@lazo.law.com. (To be used for future annual report notification)					
11. 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. I further certify, 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: Vanessa Navarro		Vanessa Navarro		4/29/10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	