

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200013628452
03/06/03--01050--021 **\$8.75

200013628452
03/06/03--01050--020 **\$300.00

DOCUMENT # P01000117231

1. Corporation Name

VAP LABORATORY INC

2. Principal Office Address

2501 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 901

City & State

MIAMI FLORIDA

Zip

33129

Country

U.S.A

3. Mailing Office Address

2501 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 901

City & State

MIAMI FLORIDA

Zip

33129

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 11 / 2001

5. FEI Number

65-1158126

☒ 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

FELIPE POSADA

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

2501 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 901

City

MIAMI

State
FL

Zip Code

33129

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 FEBRUARY 20/2003

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
D	VIVIAN AMPARO POSADA	2501 BRICKELL AVE. SUITE 901	MIAMI FLORIDA 33129
S	FELIPE ALBERTO POSADA	18449 N.W. 9th street	Pembroke-pines FLORIDA 33029

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

FELIPE A. POSADA (SECRETARY)

FEBRUARY 20/2003

Date

Daytime Phone #

(954) 442-2777

Page 2 of 2

February 20, 2003.

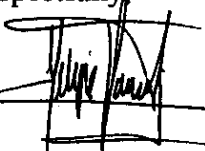
Department of State
Division of Corporations
Att/ Mr. Tyron Scott
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Mr. Scott,

According to our phone conversation I am sending you checks # 1053 for \$300 for the company VAP Laboratory Inc. reinstatement and # 1054 for \$ 8.75 for a certificate of status after being reinstated. Attached find a similar letter to the one sent on November last year for the non receiving of previous notices and to ask you to please wave the late fees. Also find the Reinstatement Application completely filled out.

Thank you for your cooperation.

Respectfully,



Felipe Posada
Secretary

per conversation with Felipe Posada didn't
receive any notices for 2002