2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 29 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT CR2E098 (6/04)

DOCUMENT # P01000117528

1. Entity Name
VDP WORLDWIDE, INC.

Principal Place of Business	Mailing Address
4567 SW 15 TERR MIAMI, FL 33134	4567 SW 15 TERR MIAMI, FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 26-0003019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KONDRAT, VANESSA 4567 SW 15 TERR MIAMI, FL 33134	Name: VANESSA ATTART Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named en[illegible] submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of r[illegible]red agent.

SIGNATURE: Vanessa Attart — 10/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DRAT, VANESSA 4567 SW 15 TERR MIAMI, FL 33134	☐ Delete	ATTART, VANESSA	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ATTART, ALEX 4567 SW 15 TERR. MIAMI, FL 33134	☐ Delete	900042313889 10/29/04--01050--011 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VL Vanessa Attart — 10/26/04 — 305-244-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #