


2005 FOR PROFIT CORPORATION REINSTATEMENT

J05D0011176

DOCUMENT # P02000010160	
1. Entity Name VILLADOOR CORP	

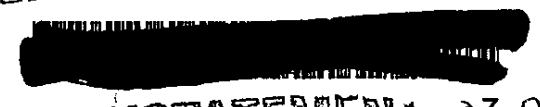
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05 MAR -9 PM 1:24

Principal Place of Business 20021 NW 53 CT MIAMI FL 33055	Mailing Address 20021 NW 53 CT MIAMI FL 33055
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SECRETARY OF STATE
STATE OF FLORIDA

2. Principal Place of Business 20021 NW 53 CT	3. Mailing Address 20021 NW 53 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT 03-05

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
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Zip 33055	Country USA	Zip 33055	Country USA
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4. FEI Number 80-003314L	Applied For <input type="checkbox"/> Not Applicable
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8. Name and Address of Current Registered Agent

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	Name LILIANA SANDOVAL
Street Address (P.O. Box Number is Not Acceptable) 20021 NW 53 CT	City MIAMI
State FL	Zip Code 33055

8. The above named entity 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 registered agent.

SIGNATURE: Liliana Sandoval DATE: 03/01/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 PS	NAME JAIME VILLARREAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20021 NW 53 CT	CITY-ST-ZIP MIAMI FL 33055	NAME 300048848933	STREET ADDRESS 03/22/05--01028--008 **300.00
CITY-ST-ZIP	CITY-ST-ZIP	NAME 400048849004	STREET ADDRESS 03/22/05--01028--009 **150.00
CITY-ST-ZIP	CITY-ST-ZIP	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	NAME	STREET ADDRESS

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: [Signature]