


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 2004				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000030709					
1. Corporation Name Vehicle Manufactures Services Inc					
2. Principal Office Address 495W Flagler Ave. Suite, Apt. #, etc. Suite 3A City & State Stuart, FL Zip 34994			3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		

FILED

04 AUG 23 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-26-04 90006 010 \$158.75	
4. Date Incorporated or Qualified To Do Business in Florida 3/14/02	
5. FEI Number 75-3036565	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

[Handwritten signature]

7. Name and Address of Current Registered Agent		
Name Wafer, George		
Street Address (P.O. Box Number is Not Acceptable) 295 SW Squire Johns Ln		
Suite, Apt. #, Etc.		
City Palm City FL	State FL	Zip Code 34990

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
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
Presd.	George Wafer	295 SW Squire Johns Ln.	Palm City, FL 34990
V.P.	Marian Wafer	295 SW Squire Johns Ln.	Palm City, FL 34990
VP	George Scott wafer	145 Boathouse Ln W.	Bay Shore, NY 11706

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: <i>[Handwritten Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #

CR2E081 (01/04)



Attachment

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44049741

#PO 2000030205

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

FEI#75-3036565

We did not receive the 2004 Profit Corporation Annual Report form, therefore we have enclosed a check in the amount of \$150. plus 8.75 additional fee required for a total of \$158.75. Please waive the penalty of \$400.00.

Thank you for kind attention to this matter.

Sincerely,

Robin Postiglione
Bookkeeper

VEHICLE MANUFACTURER'S INC.

801 MOTOR PARKWAY, SUITE 200, HAUPPAUGE, NY 11788 PHONE: 631-851-1700 FAX: 631-851-1515