


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P020000458421</u>			
1. Corporation Name <u>Vivamor, Inc.</u>			
2. Principal Office Address <u>2800 Island Blvd</u> Suite, Apt. #, etc. <u>304</u> City & State <u>Aventura FL</u> Zip <u>33160</u> Country <u>Dade</u>		3. Mailing Office Address <u>2800 Island Blvd</u> Suite, Apt. #, etc. <u>304</u> City & State <u>Aventura F.</u> Zip <u>33160</u> Country <u>Dade</u>	

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STATE
FLORIDA

REINSTATEMENT <u>07-05</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>04-25-2002</u>	
5. FEI Number <u>820552178</u>	Applied For <input checked="" type="checkbox"/> 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 <u>Eleanor MINER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2800 Island Blvd</u>	
Suite, Apt. #, Etc. <u>304</u>	
City <u>Aventura, FL</u>	State <u>FL</u> Zip Code <u>33160</u>

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 <u>Eleanor Miner</u>	Date <u>May 31, 2005</u>
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
<u>Pr.</u>	<u>Arnold S Podolskin</u>	<u>2800 Island Blvd (304)</u>	<u>Aventura, FL 33160</u>
<u>Sec</u>	<u>Eleanor MINER</u>	<u>2800 Island Blvd (304)</u>	<u>Aventura, FL 33160</u>

200055828442
06/06/05--01055--007 **450.00

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: <u>Eleanor Miner</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Eleanor Miner</u>
Date <u>5/31/05</u>	Daytime Phone # <u>305-466-2235</u>

CR2E081 (01/05)

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Vivamor, Inc.
2800 Island Blvd.
Unit 304
Aventura, FL 33160

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Department of state
Division of Corporations
RE: Reinstatement

Doc # P02000045421

May 31, 05

To whom it may Concern:

Please be advised that we have not received notification of dissolution of the above Corporation. Unfortunately, we never registered our new address, we apologize. The 3305 Ocean address has been changed to: 2800 Island Blvd., Aventura, FL 33160 Unit 304.

I have enclosed chk # 1606 for #450. for reinstatement.

Thank you for your attention in this matter.

Sincerely

James Miller