PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 AUG 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071634

1. Corporation Name

Via International Group, Inc.

2. Principal Office Address	3. Mailing Office Address
18901 NE 29th Ave	
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.
City & State: Aventura, Fl.	City & State
Zip: 33180 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 6/28/02

5. FEI Number: 020624070 ☐ 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: Dade County Corporate Agents

Street Address (P.O. Box Number is Not Acceptable): 18901 NE 29th Ave

Suite, Apt. #, Etc.: 100

City: Aventura State: FL Zip Code: 33180

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: 8/22/06

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
P	Zollner, Ivana	18901 NE 29th Ave #100	Aventura Fl. 33180
VP	Petts, Alexandra	18901 NE 29th Ave #100	Aventura, Fl. 33180
S	Zatts Man / Vicki	18901 NE 29th Ave, #100	Aventura Fl 33180
		300079125253	
		08/23/06--01029--002 **1050.00	
		REINSTATEMENT 8-23-06	8/23/06

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 contained in Chapter 119, 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: _____ 23 AUG 2006 416-417-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #