

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

2006 JUN 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000095595 1. Corporation Name Vince Pompa & Associates, Inc.	
2. Principal Office Address 6410 NW 28th St. Suite, Apt. #, etc.	3. Mailing Office Address 6410 NW 28th St. Suite, Apt. #, etc.
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33021	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		Applied For <input type="checkbox"/>
5. FEI Number 90-0047176		Not Applicable <input type="checkbox"/>
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 Vince Pompa	
Street Address (P.O. Box Number is Not Acceptable) 6410 NW 28th Street	
Suite, Apt. #, Etc.	
City Sunrise	State FL
Zip Code 33021	

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 X [Signature]	Date 6/13/06
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	Vince Pompa	6410 NW 28th Street	Sunrise, FL 33021
S	Sue Ellen Pompa	6410 NW 28th Street	Sunrise, FL 33021
200077158142 07/07/06--01048--021 **\$600.00			
REINSTATEMENT 03-06 B 22/26/06			

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: [Signature]	Date 6/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	



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Pembroke Pines Professional Centre
9050 Pines Blvd. #450
Pembroke Pines, FL 33024
(954) 450-9906
FAX (954) 450-9908
E-mail fransonph@earthlink.net
www.ledgerplus.com

Florida Department of State
Att: Tyrone Scott
Division of corporations
Clifton building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mr. Scott:

Please find enclosed a Corporate Reinstatement for Vince Pompa & Associates, Inc. and a check for \$600.00. The owner did not receive the original UBR forms. I will make sure that in the future that Vince Pompa & Associates files the form timely.

If I can provide any further information, please contact me at the telephone numbers and or address above.

Sincerely,

Paul Franson, CPA