CERTMAIL 7004 2890 0003 2228 8739

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAY -4 PM 6:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000103948

1. Corporation Name
VAIS CORP

REINSTATEMENT 03-05

2. Principal Office Address		**3.** Mailing Office Address	
7860 NW 71 TH ST		11180 W FLAGLER ST	
Suite, Apt. #, etc. 109 & 111		Suite, Apt. #, etc. 11	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166-2342	Country U.S.A.	Zip 33174	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 09/26/2002

5. FEI Number 03-0484282 ☐ 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

100054600111
05/17/05--01056--011 **105.75

Name
EMILIO J. MASFORROLL

Street Address (P.O. Box Number is Not Acceptable)
11180 W. FLAGLER ST

Suite, Apt. #, Etc.
11

City: MIAMI | State: FL | Zip Code: 33174

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: E Masforroll
REGISTERED AGENT MUST SIGN

Date: 04/21/05

CR2E081 (01/05)

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/D	NICOLAS PEDRO BOLLATI	BORGES 5081 - MUNRO -	PROV. BS.AS - REP. ARGENTINA
V/D	ALBERTO GABRIEL BOLLATI	BORGES 5081 - MUNRO -	PROV. BS.AS - REP. ARGENTINA
S/T/D	JUAN PABLO FERNANDEZ	BORGES 5081 - MUNRO -	PROV. BS.AS - REP. ARGENTINA

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05
Date

305-552 1206
Daytime Phone #