2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000124912

1. Entity Name
V & T ENTERPRISES, INC.

FILED
08 JAN -4 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6616 PONCE DE LEON BLVD NORTH PORT, FL 34286	6616 PONCE DELEON BLVD NORTH PORT, FL 34286

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 7437
City & State	City & State North Port Fl
Zip / Country	Zip 34290 / Country Sarasota

4. FEI Number 56-2306036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCHUK, VICTOR 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286	Name V&T Enterprises Inc. Street Address (P.O. Box Number is Not Acceptable) ~~P.O. BOX 7437~~ 6616 Ponce De Leon Blvd. City North Port FL Zip Code 34286

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCHUK, VICTOR M 6616 PONCE DE LEON BLVD NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100113276811 12/19/07--01038--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MARCHUK, TATYANA 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP MARCHUK, GUISEPPE 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Marchuk 12·17·07 941-426-2358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #