


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|---|--|--|---|
| DOCUMENT # P03000011577 1. Entity Name VTORIII INC | |  | |
| Principal Place of Business 2642 CHESTER AVE NEW SMYRNA BEACH, FL 32168 | | Mailing Address 2642 CHESTER AVE NEW SMYRNA BEACH, FL 32168 | |
| 2. Principal Place of Business 108 N PARK PLACE | | 3. Mailing Address 108 N PARK PLACE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State EDGEWATER FL | | City & State EDGEWATER FL | |
| Zip 32132 | Country | Zip 32132 | Country |
| 4. FEI Number 22-3894402 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EDWARDS, VICTORINE 2642 CHESTER AVE NEW SMYRNA BEACH, FL 32168 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 108 N PARK PLACE City EDGEWATER FL Zip Code 32132 | |
| 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 <i>Victorine Edwards</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | (NOTE: Registered Agent signature required when reinstating) DECLARATION STATEMENT 04-05 | |
| FILE NOW!!! FEE IS \$900.00 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVP <input type="checkbox"/> Delete EDWARDS, VICTORINE ST 2642 CHESTER AVE NEW SMYRNA BEACH, FL 32168 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 108 N PARK PLACE EDGEWATER FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700046293367 02/10/05--01010--013 ***900.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Victorine Edwards</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 1/21/05 Daytime Phone # 386 428-7999 | |

FILED

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SECRETARY, U.S. STATE
TALLAHASSEE, FLORIDA



01102005 REIN-P CR2E098 (6/04)