

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

182

06 OCT 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000028257

1. Corporation Name

VAFY GROUP INC.

2. Principal Office Address

806 GOLDEN CANE DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Weston

City & State

Zip

33327

Country

Brazil

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/2003

5. FEI Number

☒ 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

Victor Fernandez

Street Address (P.O. Box Number is Not Acceptable)

806 GOLDEN CANE DR

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

[Signature]

Date 10-06-06

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	<u>Victor Fernandez</u>	<u>806 GOLDEN CANE DR</u>	<u>Weston FL 33327</u>
VP	<u>Silvia Fernandez</u>	<u>806 GOLDEN CANE DR</u>	<u>Weston FL 33327</u>

700081154727  
10/24/06--01045--016 \*\*450.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-06-06 754-4220026

Daytime Phone #

FT LAUDERDALE 10/05/06

VICTOR FERNANDEZ

806 GOLDEN CANE DR

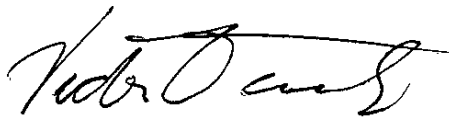
WESTON FL 33327

292✓

DEAR SIR/MADAN:

THIS LETTER IS TO STATE WE DIDNT GET THE NOTIFICA-  
TION IN THE MAIL FOR 2004,2005,2006.I AM ENCLOSING A CHECK FOR  
\$450.00.PLEASE ACCEPT IT AND WAIVE THE PENALTIES.

YOURS SINCERELY

A handwritten signature in black ink, appearing to read 'Victor Fernandez', with a stylized flourish at the end.

VICTOR FERNANDEZ