

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000048569

1. Corporation Name

VENGRAM, INC

2. Principal Office Address - No P.O. Box #

3211 NW 5TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

FLA

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

VEDA LOWERY

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

3211 NW 5TH ST

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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

Veda Lowery Vengram, Inc

REGISTERED AGENT MUST SIGN

Date 1-26-09

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
<u>P</u>	<u>Lowery, Veda</u> <u>VENGRAM, INC</u>	<u>3211 NW 5TH ST</u> <u>FORT LAUDERDALE</u>	<u>FORT LAUDERDALE FLA 33311</u>

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04/24/08--90118--037 **150.00

REINSTATEMENT
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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:

Veda Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-09

Date

954 327 5803

Daytime Phone #

* Reinstated through 2008 and advised Veda Lowery the 2009 report is due by May 1 to avoid \$4000 and interest. Veda Lowery gave authorization to correct filing.

ATTEN: Jeraline Sauisberry
From: Veda Lowery
Document # p03000048569

I did not rec the information telling me I have to sign the information
It thought that I did sign the document I did pay last year
My status says inactive I would like to know if you can waived
So that in would be back in and active status I need this to be done
Immediately and can you send the article of organization for my
Corporation and the fir information needs this to set up a business
Account at the bank. Thanks Veda Lowery/vengram,inc
Any questions can call 9543275803