


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000107557		
1. Entity Name V & D INVESTMENTS, INC.		

FILED
05 MAY 12 PM 2: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4632 39th CT. EAST BRADENTON, FL 34203 US	Mailing Address 4632 39th CT. EAST BRADENTON, FL 34203 US
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2. Principal Place of Business 4632 34 th CTE Suite, Apt. #, etc.	3. Mailing Address 4632 34 th CTE Suite, Apt. #, etc.
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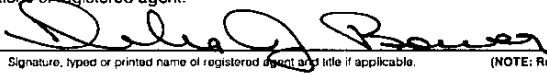
04272008 REINSP CR2E098 (6/08)	REINSTATEMENT 04-05
4. FEI Number 20-0269432	Applied For Not Applicable

City & State Bradenton FL	City & State Bradenton FL
Zip 34203	Zip 34203
County Manatee	County Manatee

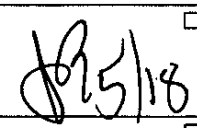
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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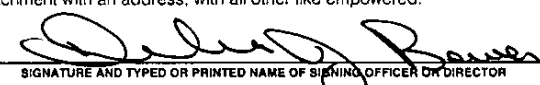
6. Name and Address of Current Registered Agent BOWER, DEBRA J 4632 39TH CT. EAST BRADENTON, FL 34203	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4632 34 th CTE City Bradenton FL Zip Code 34203	
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE 04-28-05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOWER, DEBRA 4632 39TH CT. EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4632 34 th CTE Bradenton FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BOWER, VINCENT 4632 39TH CT. EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4632 34 th CTE Bradenton FL 34203
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 600054859946 05/19/05--01056--012 ***300.00
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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-28-05 Daytime Phone #