

2005 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|--|--|---|--|---|--|
| DOCUMENT # P03000115054 | | | | | | FILED 05 OCT 17 PM 6:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Entity Name VRGC, CORPORATION | | | | REINSTATEMENT 2005 | | | |
| Principal Place of Business 902 E. HILLSBOROUGH AVE TAMPA, FL 33604 | | Mailing Address 902 E. HILLSBOROUGH AVE TAMPA, FL 33604 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | 4. FEI Number 56-2404299 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DANA, GREGORY 902 E. HILLSBOROUGH AVE TAMPA, FL 33604 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | State FL Zip Code | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE D <input type="checkbox"/> Delete NAME DANA, GREGORY STREET ADDRESS 8513 PARROTS LANDING DR CITY - ST - ZIP TAMPA, FL 33647 | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: Gregory Dana 10/13/05 (813) 2159936 | | | | | | | |