

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000148892			
1. Entity Name VIP, INC.			
Principal Place of Business 601 HAMLET COURT FRUITLAND PARK, FL 34731 US		Mailing Address 601 HAMLET COURT FRUITLAND PARK, FL 34731 US	
2. Principal Place of Business - No P.O. Box # 609 LEE ST Suite, Apt. #, etc.		3. Mailing Address 609 LEE ST Suite, Apt. #, etc.	
City & State WILDWOOD Zip 34785 Country FL		City & State WILDWOOD Zip 34785 Country FL	
4. FEI Number 20-0458098		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 ARAUJO, ADEMIR B. 601 HAMLET COURT FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name ARAUJO, ADEMIR B. Street Address (P.O. Box Number is Not Acceptable) 609 LEE STREET City WILDWOOD FL Zip Code 34785	
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		DATE 03/27/08	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. ARAUJO, ADEMIR B. 601 HAMLET COURT FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. ARAUJO, ADEMIR B. 609 LEE STREET WILDWOOD, FLORIDA 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 ^{KS}
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		DATE 03/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	