

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -3 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000005813

1. Corporation Name
V.E.L. SERVICES, INC.

1840 N.E. 186th. St. 3 A
Same

2. Principal Office Address
1840 N.E. 186th. St.

3. Mailing Office Address
Same.

Suite, Apt. #, etc.
3A

Suite, Apt. #, etc.

City & State
N. Miami Beach, Florida

City & State

Zip
33179

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/29/2003

5. FEI Number
56- 2425355

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
Hugo R. Aragon

Street Address (P.O. Box Number is Not Acceptable)
1840 N.E. 186th. ST.

Suite, Apt. #, Etc.
3A

City
N. Miami Beach

State
FL Zip Code
33179

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 X

Date 11/01/04

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
Pres.	Hugo R. Aragon	1840 NE. 186th. St. # 3A,	N. Miami Beach, Fl. 33179 --

780042435187
11/03/04--01027--004 **158.75

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 under section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/04 (305) 893.2670

CR2E081 (01/04)

A & M ACCOUNTING & MANAGEMENT CO. INC.
Professional Accounting Services & Income
Member of National Society of Accounting & Certified Tax Professional
Notary Public
1691 N.E. 123rd. St. N. Miami, Fl. 33181- TE# (305) 893-2670 FAX# (305) 893-7231
E-Mail : A J M R @ Bell South. Net

November 01, 2004


**Florida Dept. of State
Div. of Corporation
Annual Report Dept.**

**Ref: V.E.L. SERVICES, INC.
Doc. # P04000005813**

**Per our Telephone conversation I send a check # 1171 per \$ 158.75
covering the Annual Report and Certificate of Status.**

My client never know about this fee.

Thank you very much for your help to avoid the penalties.


**Amelia Javier
Public Accountant**