

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000127447

1. Corporation Name

V. M. EMPLOYMENT AGENCY, CORP.

REINSTATEMENT 09

400162844204
11/16/09--01030--003 **150.00

CR2E081 (10/09)

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

1393 SW. 1st STREET

3. Mailing Office Address

1393 SW. 1st STREET

Suite, Apt. #, etc.

101-D

Suite, Apt. #, etc.

101-D

4. Date Incorporated or Qualified
To Do Business in Florida

9/08/2004

City & State

MIAMI, FL.

City & State

MIAMI, FL.

5. FEI Number

20-1596451

Applied For

Not Applicable

Zip

33135

Country

U.S.A.

Zip

33135

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA E. SILVA

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

1039 SW. 31 CT. #4

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Maria E. Silva
REGISTERED AGENT MUST SIGN

Date 11/2/09

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
PST	MARIA E. SILVA	1039 SW. 31 CT. #4	MIAMI, FL. 33125

10. E-mail Address:

(To be used for future annual reports notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Maria E. Silva - MARIA SILVA, PRES. 11/2/09 786-506-5408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #