


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158060		
1. Entity Name VHE CORPORATION		

FILED

09 APR -6 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242009 REIN-P CR2E098 (1/07)

Principal Place of Business 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134
--	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 777 Birchell Ave #1010
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami FL
Zip	Zip 33131
Country	Country Miami-Dade

4. FEI Number 20-3103188	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent FABRE, FRANK R.S. 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 	DATE 3/26/09
--	---------------------

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERRERA, JORGE LUIS		NAME HERRERA, JORGE LUIS	
STREET ADDRESS 2310 COUNTRY CLUB PRADO		STREET ADDRESS 2310 COUNTRY CLUB PRADO	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE DT	<input type="checkbox"/> Delete	TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAZ, MARIA PATRICIA		NAME DIAZ, MARIA PATRICIA	
STREET ADDRESS 2310 COUNTRY CLUB PRADO		STREET ADDRESS 2310 COUNTRY CLUB PRADO	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE AS	<input type="checkbox"/> Delete	TITLE AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FABRE, FRANK R.S.		NAME FABRE, FRANK R.S.	
STREET ADDRESS 2310 COUNTRY CLUB PRADO		STREET ADDRESS 2310 COUNTRY CLUB PRADO	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE REINSTATEMENT	<input type="checkbox"/> Delete	TITLE REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RH		NAME RH	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 3/26/09	DAYTIME PHONE # 305-264-1026
--	---------------------	-------------------------------------