

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000159298</b> 1. Entity Name <b>V &amp; N DEVELOPMENT CORPORATION</b>				<b>FILED</b> 2006 AUG 23 PM 12: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2463 DEER CREEK RD. WESTON, FL 33327</b>		Mailing Address <b>2463 DEER CREEK RD. WESTON, FL 33327</b>			
2. Principal Place of Business <b>14922 S.W. 20 STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 551721</b> Suite, Apt. #, etc.			
City & State <b>MIRAMAR, FLORIDA</b> Zip <b>33027</b>		City & State <b>OPA LOCKA, FLORIDA</b> Zip <b>33055</b>		4. FEI Number <b>81-0664895</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUDOLPH, JASON S ESQ. 10800 BISCAYNE BLVD., STE. 580 MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name <b>NATHANIEL MANNINGS</b> Street Address (P.O. Box Number is Not Acceptable) <b>14922 S.W. 20 STREET</b> City <b>MIRAMAR</b> FL Zip Code <b>33027</b>		
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 <i>Nathaniel Mannings</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DIRECTOR		DATE <b>AUGUST, 2006</b>	
<b>FILE NOW!!! FEE IS \$300.00</b>		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	D QUINN, VERNON V P.O. BOX 551721 MIAMI, FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000079127280</b> <b>08/25/06--01032--001 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNINGS, NATHANIEL P.O. BOX 551721 MIAMI, FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>8/23/06</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REINSTATEMENT</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Nathaniel Mannings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DIRECTOR		DATE <b>AUGUST, 2006</b>	