

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000120410

1. Entity Name
VITA BUSINESS VENTURES, INC.



FILED

06 NOV 20 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/42006 REIN-P CR2E098 (11/05) 06

Principal Place of Business
**431 INDIES DRIVE
ORCHID, FL 32963**

Mailing Address
**431 INDIES DRIVE
ORCHID, FL 32963**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
20-3391108

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIEKER, TERRANCE J
431 INDIES DRIVE
ORCHID, FL 32963**

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 *T.J. Bieker* **T.J. Bieker** 14 Nov 06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**President "P"
JEANNE-MARIE VARGA
431 INDIES DRIVE
ORCHID, FL 32963**

**CEO "C"
TERRANCE J. BIEKER
431 INDIES DRIVE
ORCHID, FL 32963**

400081960614
11/20/06--01074--013 **750.00

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: *T.J. Bieker* **T.J. Bieker** 14 Nov 06 **772-581-0040**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **978-764-5934**