

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000128111	
1. Entity Name VSA INTERNATIONAL, INC.	



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 PM 1:49

Principal Place of Business 13999 S.W. 155 TERRACE MIAMI, FL 33177	Mailing Address 13999 S.W. 155 TERRACE MIAMI, FL 33177
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**REINSTATEMENT** 06



2. Principal Place of Business <u>2147 N.W. 79th AVE</u>	3. Mailing Address <u>2147 NW 79th AVE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09182006 REIN-P CR2E098 (11/05)

City & State <u>DORAL, FLA.</u>	City & State <u>DORAL, FLA.</u>
Zip <u>33122-1617</u>	Country <u>USA</u>

4. FEI Number <u>01-0845637</u>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  DIAZ, MARIANNA C 13999 S.W. 155 TERRACE MIAMI, FL 33177	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLIVAR TORRES, JACQUELINE C 13999 S.W. 155 TERRACE MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2147 N.W. 79 AVE</u> <u>DORAL, FL. 33122-1617</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIS CAMPOS, ALVARO P 13999 S.W. 155 TERRACE MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2147 N.W. 79 AVE</u> <u>DORAL, FL. 33122-1617</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>100080305691</u> <u>09/29/06--01051--010 **750.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: JACQUELINE C BOLIVAR 09/29/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #