


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	P92000005829
1. Corporation Name	
VAT-TECH U.S.A., INC.	

Principal Place of Business	Mailing Address
38549 US HWY 19 N CONNELL SQUARE PALM HARBOR FL 34684 US	38549 US HWY 19 N CONNELL SQUARE PALM HARBOR FL 34684 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		11/18/1992	
5. FEI Number		Applied For	
59-3181467		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	DYER, ALAN E	38511 U.S. HIGHWAY 19, NORTH	PALM HARBOR FL
VSTD	DYER, NATALIE M	38511 U.S. HIGHWAY 19, NORTH	PALM HARBOR FL
			800004669908--0
			-11/06/01--01091--023
			***150.00 ***150.00
<i>01432 17-88</i>			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WARD, R C 1253 PARK ST. CLEARWATER FL 34616	Name NATALIE M. DYER Street Address (P.O. Box Number is Not Acceptable) 112 SANCTUARY DRIVE Suite, Apt. #, Etc. City CRYSTAL BEACH
	State FL
	Zip Code 34681

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent <i>Natalie M. Dyer</i>	Date <i>10/17/01</i>
REGISTERED AGENT MUST SIGN	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>Natalie M. Dyer</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NATALIE M. DYER	
Date <i>10/17/01</i>	Date
(27) 934-1002	Daytime Phone #

CR2040 (8/01)

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NICK P. COLA, CPA, P.A.

Countryside Colonial House
2759 State Road 580
Suite 211
Clearwater, FL 33761
(797) 797-3905

October 16, 2001

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Regarding the enclosed Uniform Business Report Reinstatement Form for Vat-Tech U.S.A., Inc. (59-3181467); on behalf of the taxpayer I am requesting an abatement of penalties due to reasonable cause.

The taxpayers have indicated to me that they did not receive the original Uniform Business Report. Enclosed is a completed reinstatement form along with a check for \$150.00

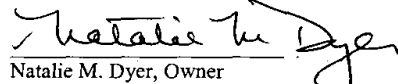
The taxpayer has never missed filing in the past and is well aware now to request the form if it is not received in the future.

On behalf of the taxpayers I sincerely thank you and the Department of State for any consideration granted in the waiving of late filing fees.

Sincerely,

Nick P. Cola, CPA

I authorize Nick P. Cola, CPA to act on behalf of the corporation in this matter.

 M.D. 10/17/01
Natalie M. Dyer, Owner

Encls.