PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006840

1. Corporation Name
VRONIA INC.

2. Principal Office Address	3. Mailing Office Address
468 GOLDEN ISLES DR	200 SW 25Th ROAD
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.:
City & State: HALLANDALE FL	City & State: MIAMI FL
Zip: 33009 Country: U.S.A.	Zip: 33129 Country: U.S.A.

CR2E081 (12/05) 04-06

4. Date Incorporated or Qualified To Do Business in Florida: 1-28-93

5. FEI Number: 65-0429111 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICARDO MAGNI

Street Address (P.O. Box Number is Not Acceptable): 200 SW 25th ROAD

Suite, Apt. #, Etc.:

700064478517
01/25/06--01003--004 **450.00

City: MIAMI, FL State: FL Zip Code: 33129

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X [signature] REGISTERED AGENT MUST SIGN Date: 1/14/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERTO AVELLA	468 GOLDEN ISLES DR.	HALLANDALE, FL-33009
VP	IDA AVELLA	468 GOLDEN ISLES DR	HALLANDALE, FL-33009
VP	ROBERTA AVELLA	468 GOLDEN ISLES DR	HALLANDALE, FL-33009
S	VALENTINA AVELLA	468 GOLDEN ISLES DR	HALLANDALE, FL-33009
T	LARA GIANELLO	468 GOLDEN ISLES DR	HALLANDALE, FL-33009

10. 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 contained in Chapter 119, 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: [signature] AS PRESIDENT ROBERTO AVELLA - 01-05-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vronia, Inc.

FAX COVER PAGE

SENT TO: FL DEPARTMENT OF STATE, DIVISION OF CORPORATIONS	**FROM**: RICARDO MAGNI
COMPANY: ATT: REINSTATMENT DEPARTMENT	
FAX NUMBER:	OUR PHONE IS: 954-455-2864 OUR FAX IS: 305-854-9925
SUBJECT: DOC # P93000006840 VRONIA, INC.	**DATE** : January 14, 2006

MESSAGE:

Gentlemen,

We are enclosing a check number 1410, for the amount of $450.00 with document filled out and duly signed, in order to reinstate VRONIA, INC, Documents # P93000006840.

As per telephone conversation with your department, our corporation whom the owners live most of the year in Europe, never received any notification nor any notice of non compliance, for the correct and timely filling of the corporation's annual state fee. We were advised by an attorney doing some legal work for us, that the corporation had been administratively dissolved for the non compliance of this important filling.

We appreciate the opportunity to reinstate the corporation and have taken important steps so this does not happens again.

Sincerely,

Ricardo Magni
As registered agent for the corporation.

Cc: Mr. Roberto Avella
President

468 Golden Isle Drive
Suite 201
Hallandale, FL 33009
Phone 954-455-2864