## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO	REGRATION
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DEÏ	STATEMENT
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## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93 0000 7/033

1. Corporation Name

SIGNATURE: <

VADIS INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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2. Principal Office Address  13798 N E // AVE  Suite, Apt. #, etc.		3. Mailing Office Address  P. o. Box 68/277  Suite, Apt. #, etc.			REINSTATEMENT 22.00  4. Date Incorporated or Qualified To Do Büsiness in Florida 10/13/1993				
City & State  MIAMI FL  Zip Country  33161 U.S.A	City & State  MiAN  Zip  3316	Country	FL U.S.A.	6.	er - 047732 E OF STATUS DESIRED	26 58.75 A	Applie Not A	ed For pplicable	
00181		and Address of	Current Registe	red Agent	······			·	
Name  LOUIS P.  Street Address (P.O. Box Number i  13798 N E  Suite, Apt. #, Etc.  City  MIAMI		- ini	*	10	000033 -07/06/0 ****908 State Zip Cod	.75 **	**90	-8 _ 8 .75	
8. I, being appointed the registered agent of the	above named corporatio	n, am familiar with	and accept the c	bligations of secti	<del></del>				
Signature of Registered Agent	REGISTERED AGENT	MUST SIGN	·		Date	121/0	0		
9. Names and Street Addresses of Each Officer	and/or Director (Florida	nonprofit corporati	ons must list at le	east 3 directors)					
Titles Name of Officers and/or Direct	ors		t Address of Eac er and/or Directo		City / State / Zip				
P. Louis P.Sc.	HETTÍNI	13798	NE 1	I AVE.	Miami	FL.	<u>33</u> /	6/	
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							AD_		
I certify that I am an officer or director or the rethis reinstatement application, the reason for owed by the corporation have been paid and	dissolution has been elin	ninated, the corpora	ate name satisfie	s the requirement	s of section 607.0401	or 617.0401, i	F.S., that a	ll fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR