

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000035505

1. Corporation Name

VANESSA & STEPHANIE INVESTMENT CORP.
17945 SW 188th Street
Miami, Florida 33187

2. Principal Office Address

17945 SW 188th St

3. Mailing Office Address

17945 SW 188th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida 33187

City & State

Miami, Florida 33187

Zip

33187

Country

DADE

Zip

33187

Country

DADE

REINSTATEMENT 97-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0554633

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

Julio Leyva

Street Address (P.O. Box Number is Not Acceptable)

17945 SW 188th Street

~~200003251202-0~~

~~-05/12/00-01119-008~~

~~***1200.00 ***1200.00~~

Suite, Apt. #, Etc.

City

miami

State
FL

Zip Code
33187

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

Julio Leyva
REGISTERED AGENT MUST SIGN

Date 02/27/00

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/D	Julio Leyva	17945 SW 188th Street	Miami, FL 33187

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 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:

Julio Leyva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Leyva. 4-26-00 (305) 233-6477
Date Daytime Phone #

CR2E081 (9/99)