

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 OCT 29 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P94000035505

**1. Corporation Name**

Vanessa & Stephanie Investment Corp.

<b>2. Principal Office Address - No P.O. Box #</b>		<b>3. Mailing Office Address</b>	
17945 SW 188th Street		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL 33187			
Zip	Country	Zip	Country
33187	Dade		

**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 St

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33187

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 Date: 9/27/07

REGISTERED AGENT MUST SIGN

**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 St	Miami, FL 33187

**REINSTATEMENT 2001-2007**

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10/25/07--01036--012 \*\*1650.00

**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: Julio Leyva Date: 9/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #