

DOCUMENT # P95000085166

1. Entity Name  
VAKAM CORPORATION

Principal Place of Business  
242 WILSHIRE BLVD  
CASSELBERRY FL 32707  
US  
611 W. PALM VALLEY DR  
OVIEDO, FL 32765  
US

2. Principal Place of Business  
611 W. PALM VALLEY DR  
Suite, Apt. #, etc.

3. Mailing Address  
611 W. PALM VALLEY DR  
Suite, Apt. #, etc.  
City & State  
OVIEDO FL  
Zip  
32765  
Country  
USA

FILED  
00 DEC 15 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number 59-3358511  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MANEK, PRADIP M  
242 WILSHIRE BLVD  
CASSELBERRY FL 32707  
611 W. PALM VALLEY DR.  
OVIEDO, FL 32765

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of FLORIDA.  
SIGNATURE: *Pradip M. Manek*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MANEK, PRADIP M 242 WILSHIRE BLVD CASSELBERRY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	611 W. PALM VALLEY DR. OVIEDO, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300003514713  
-12/27/00--01071--028  
\*\*\*750.00 \*\*\*750.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Pradip M. Manek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 12.14.00 Daytime Phone #: 407 365-9896

CP2E034 (5/00)