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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000030929 1. Corporation Name VESTbroken, INC.					
2. Principal Office Address 9100 S. DADELAND BLVD Suite, Apt. #, etc. 908 City & State MIAMI FL Zip 33156 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 02-06	
4. Date Incorporated or Qualified To Do Business in Florida 1996				5. FEI Number 65-0668725 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name BRUCE ZIPPER Street Address (P.O. Box Number is Not Acceptable) 7428 SW 189 Street Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33157					
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 <u>Bruce Zipper</u> Date 6/16/06 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	
PRES.	BRUCE ZIPPER	7428 SW 189 St		MIAMI, FL 33157	
				400076538824 06/23/06--01058--022 **758.75	
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: <u>Bruce Zipper</u> <u>BRUCE ZIPPER</u>		6/16/06		305 403 7500 Date Daytime Phone # EXT 301	

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6/16/06

WAIVER OF REINSTATEMENT FEE

OUR CORPORATION, VESTBROKER INC.,
DID NOT RECEIVE THE ANNUAL
REPORT NOTICES IN OUR YEAR
OF DISSOLUTION. THANK YOU,

Bruce Zipper, President
VESTBROKER, INC.

1 CERTIFICATE OF STATUS REQUESTED

8.75
750.00 FEE

758.75 ENCLOSE

* PLEASE SEND ALL

CORRESPONDENCES TO HOME

ADDRESS: 7428 SW 189 ST
MIAMI, FL 33157

THANKS, BRUCE ZIPPER