

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-24-2002 91323 050 ***150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97 0000 11069

1. Corporation Name

Virtual By T & H Inc

2. Principal Office Address

15822 SW 99 Ter

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33196

Country

USA

3. Mailing Office Address

S.A.O.A.

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-97

5. FEI Number

65-0736361

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

HELDA RESTREPO.

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

15822 SW 99 TRR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

Date

June 18/02

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 | Helda Restrepo | 15822 SW 99 Terrace | Miami FL 33196 |
| VP | Tamara Gonzales | 15292 SW 104 St #1137 | Miami FL 33196 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 129/02 305-387-1442

Daytime Phone #