

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12, 2004 8:00 A.M
Secretary of State

DOCUMENT # P97000031446

1. Corporation Name

VEGA IMPORT EXPORT INC.

2. Principal Office Address

888 NW 27 AVE.

Suite, Apt. #, etc.

STE 3

City & State

MIAMI, FL

Zip

33125

Country

3. Mailing Office Address

888 NW 27 AVE.

Suite, Apt. #, etc.

STE: 3

City & State

MIAMI, FL

Zip

33125

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 04-07-1997**

5. FEI Number
65-0752826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name

ROBERTO V. LLORENTE

Street Address (P.O. Box Number is Not Acceptable)
888 NW 27 AVE.

Suite, Apt. #, Etc.

STE: 3

City

MIAMI

State

FL

Zip Code

33125

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **08-09-2004**

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	ROBERTO V. LLORENTE	888 NW 27 AVE. STE: 3	MIAMI, FL 33125
			000040251280 08/17/04--01060--002 **600.00
			000040251280 08/17/04--01060--003 **300.00

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-09-2004

Date

Daytime Phone #

CR2001 (07/04)

2 of 2

FILED

04 AUG 11 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

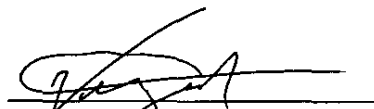
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM SINCE THE YEAR OF 1999 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


ROBERTO V. LLORENTE
PRESIDENT