

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 PM 1:06

DOCUMENT # P97000031576

1. Corporation Name

VGA CORPORATION

2. Principal Office Address

5850 ALTON ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33140

Country

US

3. Mailing Office Address

5850 ALTON ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33140

Country

US

REINSTATEMENT

49-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0771309

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

VYVIAN IGLESIAS

000075654760

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

5850 ALTON ROAD

06/02/06--01006--001 **1800.00

Suite, Apt. #, Etc.

City

MIAMI BEACH, FL

State

FL

Zip Code

33140

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

Vyvia Iglesias

Date

5/18/06

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
P,S	VYVIAN IGLESIAS	5850 ALTON RD	MIAMI BEACH, FL

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:

Vyvia Iglesias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/06 (305) 5425375

Daytime Phone #