

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032665

1. Corporation Name

VIEIRA HOUSE CORP.

2. Principal Office Address - No P.O. Box #

3200 COLLINS AVENUE

Suite, Apt. #, etc.

114

City & State

MIAMI BEACH, FLORIDA

Zip

33140

3. Mailing Office Address

3200 COLLINS AVENUE

Suite, Apt. #, etc.

114

City & State

MIAMI BEACH, FLORIDA

Zip

33140

7. Name and Address of Current Registered Agent

Name

ANTONIO VIEIRA

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

3200 COLLINS AVENUE

Suite, Apt. #, Etc.

114

City

MIAMI BEACH

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

Date 4/30/08

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
PD	ANTONIO VIEIRA	3200 COLLINS AVE., #114	MIAMI BEACH, FLORIDA 33140
VP	WILLIAM VIEIRA	3200 COLLINS AVE., #114	MIAMI BEACH, FLORIDA 33140

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:

4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 MAY - 1 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600127990316
05/01/08--01008--015 **1650.00

CR2681 (12/97) M-1

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 4/10/97

5. FEI Number
65-0815624

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.