

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 27 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020849

1. Corporation Name

V.I.S.A.MANAGEMENT GROUP, INC.

2. Principal Office Address

600 NORTH SURF ROAD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

2418 NE 11TH STREET

Suite, Apt. #, etc.

C/O V. KAMINSKA

City & State

HALLANDALE, FL

Zip

33009

Country

900027653959
01/27/04--01017--017 **450.00

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/1998

5. FEI Number

65-0832442

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

MARTIN H. ALMAN

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

17290 NE 19TH AVENUE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

REINSTATEMENT

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 of Martin H. Alman]

Date 01/16/04

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
DVS	KAMINSKA, VALENTINA	2418 NE 11TH STREET	HALLANDALE, FL 33009
DP	FRUMAN, VYACHESLAV	2418 NE 11TH STREET	HALLANDALE, FL 33009

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 of Valentina Kaminska]

VALENTINA KAMINSKA 1/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (10/02)

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2/2

**V.I.S.A. MANAGEMENT GROUP, INC.
2418 N.E. 11TH STREET
HOLLYWOOD, FL 33009**

January 21, 2004

Florida Department of State
Reinstatement Division
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302-6327

re:98000020849

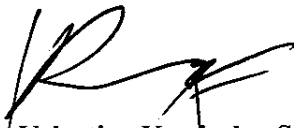
Annual General Business Reports

Gentlemen:

We are enclosing herewith the Corporation Reinstatement form to reinstatement the above corporation to good standing. We are enclosing also a check for \$450.00 to cover the fees. The reason for the late filing is that we never received the forms due to a problem with the mailing address and the mail delivery.

Please accept this to bring the corporation up to active status.

Very truly yours,



Valentina Kaminska, Sec.