

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000037988		01 OCT 29 PM 12:30 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Corporation Name V E D CONTRACTING, INC.			
Principal Place of Business 913 EAST RIVER DRIVE MARGATE FL 33063		Mailing Address 913 EAST RIVER DRIVE MARGATE FL 33063	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/24/1998	
Suite, Apt. #, etc.		5. FEI Number 65-0831250	
City & State		Applied For Not Applicable	
Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SEERATTANSINGH, BASDEO	913 EAST RIVER DRIVE	MARGATE FL 33063
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SERCHAY, ALLAN 5300 NW 33RD AVE FORT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent		Date 10/23/01	
REGISTERED AGENT MUST SIGN			
11. 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		Date 10/23/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-484-8900	

CR2E040 (8/01)

ALLAN SERCHAY, C. P. A.

5300 N W 33 AVENUE SUITE 117
FORT LAUDERDALE, FL 33309
TEL: 954-484-3900 FAX: 954-484-8900
E-MAIL: ALLANSERCHAYCPA@CS.COM

October 23, 2001

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: VED Contracting, Inc. - Document number P98000037988

Dear Sir or Madam:

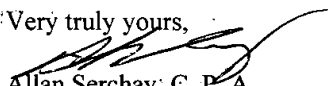
Taxpayer came into my office today with your notice of dissolution for the above referenced Corporation.

Taxpayer has just finalized a divorce from his spouse. She is the person that handled all of the filings for the Corporation. Either she never received any paperwork, or never let taxpayer know of the paperwork, since taxpayer did not pay the original \$150.00.

The Corporation has been in existence since 1998. It had never been delinquent in payment of it's annual fee. Therefore, I have included a check in the amount of \$150.00 in payment of the annual fee. I ask that you consider the circumstances and accept the payment as full payment and adjust your records to indicate that the Corporation is active and in good standing with the State.

Thank you for your understanding, assistance and consideration in this matter.

Very truly yours,


Allan Serchay, C. P. A.