PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DERÁRTMENT GE STATE **APPLICATION Katherine Harris FOR** FIFED Secretary of State, REINSTATEMENT DIVISION OF CORPORATIONS **99** JAN 18 PM 3:50 DOCUMENT # Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA VIMISA INC. Principal Place of Business Mailing Address 172201-NW:102nd Place same MIAMI FL 33172 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For ---650841564 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors (Do NOT Use Post Office Box Numbers) Miami F1 33172 PRESIDENT - MIGUEL AMSANCHEZ 2201 NW 102nd Place 2201 NW 102nd Place Miami Fl 33172 VICE PRE. ISAURO CAMPANI 400003130344--02/10/00--01004--029 ****750.00 ****750.00 400003130344--5 -02/10/00--01004--030 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MIGUEL SANCHEZ 2201 NW 102 nd PL. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 Suite, Apt. #, Etc. Zip Code named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the applications Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12. 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 part 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 accurage, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MIGUEL SANCHEZ

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR