

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

VENDCRAFT MANUFACTURING
INC. 998 000090060

2. Principal Office Address

14109 SW 139 CT.

Suite, Apt. #, etc.

3. Mailing Office Address

14109 S.W. 139 CT

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip 33186

Country

USA

Zip 33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

5. FEI Number

65-0873477

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

LAZARUS CORPORATE FILING SERVICE INC

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

3320 S.W 87 AVENUE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Alvaro Saenz

REGISTERED AGENT MUST SIGN

Date

03/19/03

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
BO	ALVARO SAENZ	14109 SW 139 CT	Miami, FL 33186
BO	SANDRA SAENZ	14109 SW 139 CT	Miami, FL 33186

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)(f), 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:

Alvaro Saenz

ALVARO SAENZ

03/19/03

(305) 9696956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2131

03/20/03

FROM

VENDCRAFT MANUFACTURING INC.

14109 SW 139 CT MIAMI FL 33186 PH 305 969 6956 FAX 305 969 6954

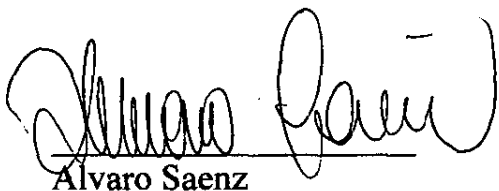
ALVARO SAENZ

TO

FLORIDA DEPARTMENT OF STATE

It came to our concern after a phone call from our workcomp carrier that the corporation reinstatement for the year 2002 was omitted because we never received as usual the customary bill from the Florida Department of State, we are now sending both 2002 and 2003 payments. Please verify if there is any problem for which we haven't received any type of information.

Thank you



Alvaro Saenz