

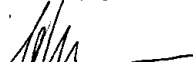


THIS FOR  
AND  
FILED

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<div>FILED 01 SEP -5 PM 3:00</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																													
<b>DOCUMENT # P99000033679</b>																																	
<b>1. Corporation Name</b> VM TWO CORPORATION																																	
<b>2. Principal Office Address</b> 1000 IMMOKALEE RD Suite, Apt. #, etc. #63 City & State NAPLES, FL Zip 34110 Country USA		<b>3. Mailing Office Address</b> 1000 IMMOKALEE RD Suite, Apt. #, etc. #63 City & State NAPLES, FL Zip 34110 Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/08/99																													
				<b>5. FEI Number</b> 59-3576234 <b>Applied For</b> Not Applicable																													
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
<b>7. Name and Address of Current Registered Agent</b>																																	
Name JOHN VASQUEZ		100004586161 -09/12/01--01086-024 ***908.75 ***08.75																															
Street Address (P.O. Box Number is Not Acceptable) 1000 IMMOKALEE RD																																	
Suite, Apt. #, Etc. #63																																	
City NAPLES		State FL		Zip Code 34110																													
<b>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.</b>																																	
Signature of Registered Agent 		Date 9/4/2001																															
REGISTERED AGENT MUST SIGN																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P/D</td><td>JOHN VASQUEZ</td><td>9775 WHITEHALL ST</td><td>NAPLES, FL 34109</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	JOHN VASQUEZ	9775 WHITEHALL ST	NAPLES, FL 34109																				
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<b>REINSTATEMENT</b> 00-01																																	
RW																																	
<b>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.</b>																																	
<b>SIGNATURE:</b>  <span style="float: right;">9/4/2001 941-597-8909</span>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																	