

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN -8 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S21169

1. Corporation Name

VLAP CORP.

2. Principal Office Address

13712 S.W. 84 Street

Suite, Apt. #, etc.

City & State

Miami, Fl. 33183

Zip

Country

3. Mailing Office Address

15362 S.W. 113 Terr.

Suite, Apt. #, etc.

City & State

Miami, Fl. 33196

Zip

Country

**REINSTATEMENT** 7-00

4. Date Incorporated or Qualified To Do Business in Florida

12/27/90

**SP**

5. FEI Number

65-0242173

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  XX

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ambroise Sgroi

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

13712 S.W. 84th Street

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33183

500003536605-8  
-01/12/01--01103--018  
\*\*\*1208.75 \*\*\*1208.75

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

Ambroise Sgroi

REGISTERED AGENT MUST SIGN

Date 1/3/01

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
PRN	Francesca Sgroi	13712 S.W. 84 Street	Miami, Fl. 33183
STD	Ambroise Sgroi	13712 S.W. 84 Street	Miami, Fl. 33183

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 and typed or printed name of signing officer or director  
Francesca Sgroi

Date 01/03/01

Daytime Phone #

CR2E081 (9/99)