

1 OF 2


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -2 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # **521169**

1. Corporation Name  
**VLAP CORP.**

2. Principal Office Address  
**13712 SW 84th ST**

Suite, Apt. #, etc.

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida  
**5/1/91**

5. FEI Number  
**65-0242108**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**AMBROSE SGRÖL**

Street Address (P.O. Box Number is Not Acceptable)  
**13712 SW 84th STREET**

Suite, Apt. #, Etc.

City  
**MIAMI FL**

State  
**FL**

Zip Code  
**33186**

200039030912  
07/13/04--01005--002 \*300.00

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  
*[Signature]* **AMBROSE SGRÖL**

REGISTERED AGENT MUST SIGN

Date  
**7/9/04**

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
PRES	FRANCESCA SGRÖL	13712 SW 84th ST.	MIAMI FL 33186
SEC	AMBROSE SGRÖL	13712 SW 84th ST	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)(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]* **FRANCESCA SGRÖL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**7/9/04**

Daytime Phone #  
**305-382-6200**

CPRE001 (07/04)

B

2082

# Zimmerman & Alzate

Accounting and Financial Consulting Services

Michael J. Zimmerman  
Certified Public Accountant

Annette Alzate

July 9, 2004


Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation Reinstatement  
VLAP Corp. FEI # 65-0242108

As per telephone conversation with my client enclosed you will find the corporation reinstatement application with a check in the amount of \$300.00 covering filing of 2003 and 2004 annual reports.

The non-filing of the annual reports was due to a change in mailing address.

Sincerely,



Maria F. Diaz  
For the Firm

MFD:mp

Enclosures: