


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855685

1. Corporation Name

Northville N.V. Inc.

2. Principal Office Address

3500 NW 77 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

USA

3. Mailing Office Address

8331 NW 66 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

8201 NW 66 Street suite #1

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida

05/01/83

5. FEI Number

59-2454240

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

VIRGINIE GUERRA-MONDRAGON

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

8331 NW 66 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

Virginie Guerra-Mondragon

REGISTERED AGENT MUST SIGN

Date 02/27/03

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
P, D	BERNARD DE GENTILE	FORT DE FRANCE	MARTINIQUE
D	HENRI PIERRE DE GENTILE	FORT DE FRANCE	MARTINIQUE

600013346596
03/04/03--01011--005 ##458.75

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

Virginie Guerra-Mondragon

02/27/03

Date

Daytime Phone #

305-597-0258

CR2E001 (10/02)

gsk