

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 25 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000048

1. Corporation Name

CVF Corp.

2. Principal Office Address - No P.O. Box #

940 Cape Marco Drive

Suite, Apt. #, etc.

Suite 2501

City & State

Marco Island, Florida

Zip

34145

Country

USA

3. Mailing Office Address

940 Cape Marco Drive

Suite, Apt. #, etc.

Suite 2501

City & State

Marco Island, Florida

Zip

34145

Country

USA

REINSTATEMENT 07-08^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

January 6, 1997

5. FEI Number

35-2000373

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

Craig R. Woodward/Woodward, Pires Lombardo

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

606 Bald Eagle Drive,

Suite, Apt. #, Etc.

Suite 500

City

Marco Island

State

FL

Zip Code

34145

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/24/08

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
VP	Glon, Carolyn S.	54500 Meadowbank Lane	Elkhart, Indiana 46514
S	Glon, Dale R	54500 Meadowbank Lane	Elkhart, Indiana 46514
P	Glon, Dale R	54500 Meadowbank Lane	Elkhart, Indiana 46514
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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 contained in Chapter 119, 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
DALE R. GLON

11/24/08

Date

239-394-5217

Daytime Phone #