

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000027977

1. Corporation Name
S.V. DEVELOPERS INC

15430 SW 81 CIR LN
15430 SW 81 CIRL LN

2. Principal Office Address
15430 SW 81 CIR LN

3. Mailing Office Address
15430 SW 81 CIRL LN

Suite, Apt. #, etc.
810

Suite, Apt. #, etc.
810

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33193 Miami-Dade

Zip Country
33193 Miami-Dade

REINSTATEMENT 04

10-25-04 01077 021 5750.00
4. Date Incorporated or Qualified:
To Do Business in Florida 03/19/2001

5. FEI Number Applied For
65-1087491 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
ROLANDO SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
15430 SW 81 CIRL LN

Suite, Apt. #, Etc.
810

City
MIAMI

State Zip Code
FL 33193

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 Rolando Sanchez
REGISTERED AGENT MUST SIGN

Date 12/8/04

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
D	ROLANDO SANCHEZ	15430 SW 81 CIRL LN APT # 810	MIAMI, FL 33193
D	LAZARO VALLE	15430 SW 81 CIRL LN APT # 810	MIAMI, FL 33193

Handwritten signature/initials

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: LAZARO VALLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/8/04 Daytime Phone # (305) 408-2899

CR12E081 (01/04)