

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000060507

**FILED  
Jun 04, 2009  
Secretary of State**

**Entity Name:** NARVICK, INC.

**Current Principal Place of Business:**

2245 NW 72ND AVENUE  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2245 NW 72ND AVENUE  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 75-3242378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEEBALACK, DEOSARAN  
2245 NW 72ND AVENUE  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEOSARAN SEEBALACK

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SEEBALACK, DEOSARAN  
Address: 2245 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: VPSD ( ) Delete  
Name: SEEBALACK, CHRISTINE  
Address: 2245 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: SEEBALACK, DORIS  
Address: 2245 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: SEEBALACK, NARESH  
Address: 2245 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEOSARAN SEEBALACK

Electronic Signature of Signing Officer or Director

PR

06/04/2009

Date