DOCUMENT # P94000047047

1. Entity Name
MVH INVESTMENTS, INC.

FILED
02 JUL -9 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-02
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
401 East Semoran Blv Casselberry FL 32707	200 North Thornton Ave Orlando FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3263263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Randall C. Smith, Esq
200 North Thornton Ave
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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: 7-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP James Veigle,Director ☐ Delete 401 E Semoran Blv Casselberry FL 32707	☐ Change ☐ Addition 300006359923-- -07/12/02--01059--009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Charles Veigle,Director ☐ Delete 401 E Semoran Blv Casselberry FL 32707	***1050.00***USH ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Kenneth Harold,Director ☐ Delete 401 E Semoran Blv Casselberry FL 32707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Nancy Voegtlin, Sec'y ☐ Delete 401 E Semoran Blv Casselberry FL 32707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

CR2E034 (11/00)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Voegtlin Nancy Veogtlin Sec'y 407-260-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/10/02