

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 15 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 650162**

**1. Corporation Name**

OVI INVESTMENTS, INC.

**2. Principal Office Address**

430 NW 48TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

**3. Mailing Office Address**

430 NW 48TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 01/01/1980

**5. FEI Number**

59-2189217

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

JULIO NAVARRO

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

430 NW 48TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

400034015814

04/27/04--01031--005 \*\*150.00

**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 02/23/2004

**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
PD	JULIO NAVARRO	430 NW 48TH CT	MIAMI, FL 33126

**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

02/23/2004

Date

786-286-1053

Daytime Phone #

CR2001 (01/04)

2

Miami, FL, April 13, 2004

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
Attn: Justin M. Shivers  
409 East Gaines Street  
Tallahassee, FL 32399

**Ref: OVI INVESTMENTS, INC., Document No. 650162**

Dear Mr. Shivers,

In reply to your letter of March 18, 2004, this is to inform you that this company filed its 2003 Annual Report in a timely manner. You cleared the check No. 4106 for the 2003 Annual Report fee but the company still showed as INACTIVE on your records, without any notice from you sent to us. Therefore, we ask you to please reinstate this company, since the company changed its address to 431 NW 48th Ct, Miami, FL 33126, as opposed to the one you have in your records. We are sending copy of the 2003 Annual Report check cleared by you along with the payment for the 2004 Annual Report fee and the other documentation that you requested.

Should you have further questions, please contact us at 786-286-1053. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



JULIO NAVARRO  
President