

650162

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 29 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650162

1. Corporation Name

Ovi Investments, Inc.
REINSTATEMENT 2015

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

430 NW 48th

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33126

Country

U.S.A.

3. Mailing Office Address

430 NW 48th

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33126

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/1980

5. FEI Number

59-2189217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julio Navarro

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

430 NW 48th Court

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

900280451379
12/23/15--01010--008 **750.00

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 12/21/2015

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
P	Julio Navarro	430 NW 48th Ct.	MIAMI - FL 33126
D	Julio Navarro	430 NW 48th Ct.	MIAMI - FL 33126
RA	Julio Navarro	430 NW 48th Ct.	MIAMI - FL 33126

10. E-mail Address: mavyne1231@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2015 799-0966

Date

Daytime Phone #

AJR