

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 15 1999 8:00 am
Secretary of State

DOCUMENT # **855685**

1. Corporation Name

NORTHVILLE N.V. (INC.)

Principal Place of Business

8331 NW 66TH ST
C/O APX
MIAMI FL 33166
US

Mailing Address

P O BOX 520963
MIAMI FL 33152
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1983

5. FEI Number

59-2454240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE GENTILE, BERNARD	8331 NW 66TH ST	MIAMI FL 33152
D	DE GENTILE, HENRI PIERRE	8331 NW 66 ST	MIAMI FL 33152

100003078531-2
-12/15/99--01013--014
***758.75 ***758.75

8. Name and Address of Current Registered Agent

DE GENTILE, BERNARD
3500 N.W. 77TH COURT
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Bernard de Gentile
REGISTERED AGENT MUST SIGN

Date **10/30/99**

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., 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:

Bernard de Gentile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/99 (305)
Date Daytime Phone #

897-0258