

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000414

1. Corporation Name

MRV, INC.

Principal Place of Business

Mailing Address

~~387 PARK AVENUE SOUTH~~
~~NEW YORK NY 10016~~

~~387 PARK AVENUE SOUTH~~
~~NEW YORK NY 10016~~

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

2. New Principal Office Address, If Applicable

Legal Dept - Marvel

Suite, Apt. #, etc.

10 East 40th Street 9th Floor

City & State

New York, NY

Zip

10016

Country

USA

3. New Mailing Office Address, If Applicable

Legal Dept - Marvel

Suite, Apt. #, etc.

10 East 40th Street 9th Floor

City & State

New York, New York

Zip

10530

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEI Number

13-3721470

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CUNEO, F. PETER	387 PARK AVENUE SOUTH 10 East 40th Street 9th Floor	NEW YORK NY 10016
VPD	HULL, ROBERT	387 PARK AVENUE SOUTH	NEW YORK NY 10016
VPD	HARDIE, WILLIAM	387 PARK AVENUE SOUTH	NEW YORK NY 10016
VPD	Allen S. Lipson	10 East 40th Street 9th Floor	New York NY 10016
			100004880261--4 -02/05/02--01042--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-14-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/01 (917) 472-2180

Daytime Phone #

CR2E040 (8/01)