

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 PM 12:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F03000005943

1. Corporation Name

NVP, Inc.

2. Principal Office Address

4240 GALT OCEAN DR.

Suite, Apt. #, etc.

#2105

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

Broward

3. Mailing Office Address

4240 GALT OCEAN DR.

Suite, Apt. #, etc.

#2105

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

Broward

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12-2-2003

5. FEI Number

71-0885659

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

JOHN KASH

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

4240 GALT OCEAN DRIVE

Suite, Apt. #, Etc.

#2105

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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

John Kash
REGISTERED AGENT MUST SIGN

Date

10-27-06

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
PRES.	JOHN KASH	4240 GALT OCEAN DR. #2105	FT. LAUDERDALE, FL 33308
VICEPRES	DENISE KASH	4240 GALT OCEAN DR. #2105	FT. LAUDERDALE, FL 33308

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 contained in Chapter 119, 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

John Kash, JOHN KASH

Date

10-27-06 954-5646622

Daytime Phone #

lga

Please accept the enclosed corporation reinstatement application and my check for \$300.00.

I am requesting that you waive any late fees because I did not receive any notification for renewal.

Thank you for time and consideration.

John Kash 10-27-06

John Kash, Pres.
NVP, Inc