

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F04000005374

1. Corporation Name

**The MV Group, Inc.**

*The MV Group Insurance Agency, Inc.* *W07-22324*

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

4820 Six Forks Rd., #100

3. Mailing Office Address

P.O. Box 18966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27609

Country

USA

Zip

27619

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/2004

5. FEJ Number

56-2080099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*see Attached*

Date

REGISTERED AGENT MUST SIGN

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/Dir	Dwight Carter	4820 Six Forks Rd., #100	Raleigh, NC 27609
Vice Pres	Lee Trawick	4820 Six Forks Rd., #100	Raleigh, NC 27609
VP/Dir	Art Pickering <i>AMW</i>	4820 Six Forks Rd., #100	Raleigh, NC 27609
Sect/Dir	Tip Huffman	4820 Six Forks Rd., #100	Raleigh, NC 27609

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:

Dwight H. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*326-07*  
(919)981-0333

Daytime Phone #

FILED

07 MAY 23 AM 9:10

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
200104101552  
06/08/07--01004--017 \*\*300.00  
200104101552  
06/08/07--01004--018 \*\*150.00

**REINSTATEMENT** *05-07*

CR2E081 (1/07)

## ACCEPTANCE OF APPOINTMENT

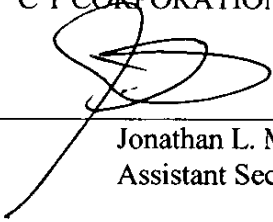
RE:       **The MV Group, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: March 26, 2007

C T CORPORATION SYSTEM

By \_\_\_\_\_

  
Jonathan L. Miles,  
Assistant Secretary