

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JAN -6 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F8SS00

1. Corporation Name

EXVEN CORP.

600009177936
01/09/03--01050--002 **150.00

600009177936
01/09/03--01050--001 **485.00

2. Principal Office Address

5700 SW 127 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

1215

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33183

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/82

5. FEI Number

592202569

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

LEONARD LOPEZ

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

1780 SW 131 TERR

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

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

Date 12/26/02

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
PST	Roberto Morales	5700 SW 127 AVE # 1215	MIAMI, FL 33183

REINSTATEMENT

01/09/03

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 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

12/26/02

Date

305 302-9083

Daytime Phone #

CR2E081 (9/01)