

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 AUG 16 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006115

1. Corporation Name

T.V.I. SERVICES, INC.



Principal Place of Business

Mailing Address

~~PO BOX 1501~~
~~SAN JUAN PR 00902-1591~~

~~PO BOX 1501~~
~~SAN JUAN PR 00902-1591~~

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

2. New Principal Office Address, If Applicable

~~#130 Calle Maria Moczo~~

3. New Mailing Office Address, If Applicable

~~PO Box 9021591~~

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

66-0420310

Applied For

Not Applicable

City & State

~~Santurce, PR~~

City & State

~~San Juan, PR~~

Zip

~~00914~~

Country

Zip

~~00902-1591~~

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	MALOT, JAMES J	356 FORTALEZA ST 1760 LOIZA ST., #PH-1	SAN JUAN PR 00911
VD	CHANTRY, CAROLINE	77 WASHINGTON ST 1760 LOIZA ST., #PH-1	SANTURCE PR 00911
STD	MALOT JR, RICHARD C	356 FORTALEZA ST 1760 LOIZA ST., #PH-1	SAN JUAN PR 00911

REINSTATEMENT 98-00
[Signature]

8. Name and Address of Current Registered Agent

SIWIECKI, LESLIE
~~4801 GEORGE ROAD SUITE 170~~ 5835 Memorial Hwy.
~~TAMPA FL 33634-6200~~ Suite 14
Tampa, FL 33615

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. ~~300003379903~~ 9
~~09/01/00~~ 01028-011
City ~~***1076.25~~ State ~~***1076.25~~
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/

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 8/14/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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]* **SIGNATURE REQUIRED** Richard C. Malot Jr. Secretary/Treasurer 8/14/00 (813) 882-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)