

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 12:09

DOCUMENT # F97000006115

4. Corporation Name

T.V.I. Services, Inc.

2. Principal Office Address

#130 Calle Maria Moczo

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9021591

Suite, Apt. #, etc.

City & State

Santurce, PR

City & State

San Juan, PR

Zip

00914

Country

Zip

00902-1591

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/97

5. FEI Number

66-0420310

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

Leslie Siwiecki

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

5835 Memorial Hwy, Suite 14

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

Leslie Siwiecki

Date

11/7/01

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
PCD	James J. Malot	1760 Loiza St., PH-1	Santurce, PR 00911
VD	Caroline Chantry	1760 Loiza St., PH-1	Santurce, PR 00911
STD	Richard C. Malot, Jr.	1760 Loiza St., PH-1	Santurce, PR 00911

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

Date

Daytime Phone #

11/7/01

(813) 8829200

CR2E081 (9/00)