

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2009 NOV -3 PM 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000038688

1. Corporation Name

FVN PARTNERS, LLC

000162257810  
10/28/09--01030--011 \*\*300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 797 HARBOUR ISLES COURT		3. Mailing Office Address 797 HARBOUR ISLES COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH PALM BEACH, FL		City & State NORTH PALM BEACH, FL	
Zip 33410	Country USA	Zip 33410	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	10/01/2003
5. FEI Number 72-1572585	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
FRANK V NOVAK

Street Address (P.O. Box Number is Not Acceptable)  
797 HARBOUR ISLES COURT

Suite, Apt. #, Etc.

City  
NORTH PALM BEACH, FL

State  
FL

Zip Code  
33410

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 REGISTERED AGENT MUST SIGN

Date 10/20/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	FRANK V NOVAK	797 HARBOUR ISLES COURT	NORTH PALM BEACH, FL 33410

REINSTATEMENT-08-09

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: FRANK NOVAK 10/20/09 561-758-6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #