

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 29 AM 10:51

DOCUMENT # L04000090772

1. Limited Liability Company's Name

MCV HOLDINGS, LLC

000189095800
12/29/10--01029--001 **957.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 606 Flamingo Drive		3. Mailing Office Address P.O. Box 170910	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Hialeah, FL	
Zip 33301	Country USA	Zip 33017	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/15/2004	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent


Name **VIVIAN CHOU, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
13950 NW 107 AVENUE

Suite, Apt. #, Etc.

City HIALEAH GARDENS,	State FL	Zip Code 33018
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date _____

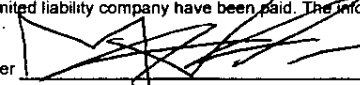
Vivian Chou, Esq.
vchow@bellsouth.net REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgr.	Manuel C. Velar	606 Flamingo Drive	Ft. Lauderdale, FL 33301
REINSTATEMENT 2005-2010			

11. E-mail Address: mcvelarcorp@bellsouth.net (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 12/22/2010 Daytime Phone # 305-828-3944

Typed or printed name of signing Managing Member/Manager Manuel C. Velar