

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 25 AM 10:13

DOCUMENT # 107000052357

1. Limited Liability Company's Name

MVB USA LLC

100170235311  
02/23/10--01020--015 \*\*416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address

6000 N OCEAN BLVD, 16H

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

LAUDERDALE BY THE SEA, FL

Zip

Country

Zip

Country

33308

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

5/17/07

6. FEI Number

20-0310875

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES WATTS

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

8964 STATE RD 84

Suite, Apt. #, Etc

City

DAVIE

State

FL

Zip Code

33324

A \$100 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 \$100 reinstatement be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 02/17/2010

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
PRES	MARICELA BIALICK	6000 N. OCEAN BLVD, 16H LAUDERDALE BY THE SEA	LAUDERDALE BY THE SEA FL 33308
	REINSTATEMENT 2008 - 2010		

11. E-mail Address:

(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

*[Signature]*

Date

2-17-10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

T. Hampton FEB 26 2010