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APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # L97968

1. Corporation Name

CPV INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1925 Brickell Ave. Miami, FL 33129	P.O. Box 01-4700 Miami, FL 33129

REINSTATEMENT 00-00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 10760 S.W. 24 St.	Suite, Apt. #, etc. 10760 S.W. 24 St.
City & State Miami, FL	City & State Miami, FL
Zip 33165 Country USA	Zip 33165 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/31/90

5. FEI Number 65-0212417 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	Calloway, Phillip L.	10760 S.W. 24 St.	Miami, FL 33165
D	Dowe, Clifford D.	10760 S.W. 24 St.	Miami, FL 33165

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***1058.75 ***1050.00

8. Name and Address of Current Registered Agent

Gilford, Vera E.
1925 Brickell Ave., #D-1507
Miami, FL 33129

9. Name and Address of New Registered Agent

Name: Craig R. Dearr
Street Address (P.O. Box Number is Not Acceptable): 9130 S. Dadeland Blvd.
Suite, Apt. #, Etc.: 1609
City: Miami State: FL Zip Code: 33156

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 _____ Date 2/14/00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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.

KE

SIGNATURE: _____ 2/14/00

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