1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION REINSTATEMENT**

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

04 OCT -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004234

400041814224
10/12/04--01028--025 **300.00

**1.** Corporation Name

M.A.V. INVESTMENTS, CORP.

REINSTATEMENT 03-04

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4113 SW 142 PATH | 4113 SW 142 PATH |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33185 Country: USA | Zip: 33185 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 1/13/2000

**5.** FEI Number: 65-0973464 ☐ 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: MARCOS A. VEGA

Street Address (P.O. Box Number is Not Acceptable): 4113 SW 142 PATH

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33185

**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: X M. Vega Date: 10/1/04

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

**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 |
|---|---|---|---|
| D | MARCOS A. VEGA | 2222 NW 4 TER | MIAMI FL. 33126 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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: X M. Vega MARCOS A. VEGA 10/1/04 (305) 525-7430

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

2 of 2

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04 OCT -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M.A.V. SHUTTERS, CORP.
4113 SW 154 PATH
MIAMI, FLORIDA 33185

Miami, September 30, 2004

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, 2003 and May 1st, 2004, because during year 2003 and 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail. I will appreciate very much if you received and accept our check in the amount of $ 300.00 as payment of the Corporation Uniform Business Report for year 2003 and 2004.

I appreciate your help to resolve this matter.

Sincerely your:

Marcos A. Vega
President