## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **CORPORATION** 03 APR -9 AM 9: 20 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # P0000066669 MKV Corporation, Inc. 800015562348 84783783--81867--886 \*\*1950.00 2. Principal Office Address 3. Mailing Office Address 66 North Tamieni 66 N. Taniani Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 7/10/00 To Do Business in Florida City & State City & State 5. FEI Number Applied For Copre *59-3667227* Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 4229 CERTFICATE OFSTATUS DESPRED usa IJS A 7. Name and Address of Current Registered Agent Nick Street Address (P.O. Box Number is Not Acceptable) eadows Kush Suite, Apt. #, Etc. State Zip Code SR2E081 (10/02) 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. Date X 03/27/03 Signature of Registered AgentX REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip fres ecdows Rush Loop 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 filling 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, my signature shall have the same legal effect as if made under oath. X3/27/03 (941)

FED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X