## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000086383

1. Corporation Name

MVP TRADING CORP.

Principal Place of Business

Mailing Address

1221 TREESDALE COURT WESLEY CHAPEL FL 33543 1221 TREESDALE COURT WESLEY CHAPEL FL 33543





| If above a  | ddresses are                      | incorrect in any way, line thr | ough incorrect in | nformation a                                   | nd enter correction below.      |   |                           |  |  |
|---|-----------------------------------|--------------------------------|-------------------|--|---------------------------------|---|---------------------------|--|--|
|   |                                   |                                |                   | ling Office Address, If Applicable             |                                 | Date Incorporated or Qualified     To Do Business in Florida     09/11/2000   |                           |  |  |
| Suite, Apt. #, etc.   |                                   |                                | Suite, Apt. #,    | Suite, Apt. #, etc.                            |                                 |   | 5. FEI Number Applied For |  |  |
| City & State  |                                   |                                | City & State      |  |                                 | 593672426   |                           | Not Applicable                                   |  |
| Zip   |                                   | Country                        | Zip               |  | Country                         | 6.  | \$8.75 A                  | Additional Fee required<br>Certificate of Status |  |
| 7. Names a  | and Street Add                    | dresses of Each Officer and/   | or Director (Flo  | rida nonprol                                   | it corporations must list at le | east 3 directors)   |                           |  |  |
| Title(s)  | Name of Officers and/or Directors |                                |                   | Street Address of Each Officer and/or Director |                                 |   | City / State / Zip        |  |  |
| <b>D</b> :  | YLAGAN, PEDRO H JR                |                                |                   | 1221 TREESDALE COURT                           |                                 | WESLEY CHAPEL FL 33543  |                           |  |  |
| D   | YLAGAN, CECILIA L JR              |                                |                   | 1221 TREESDALE COURT                           |                                 | WESLEY CHAPEL FL 33543  |                           |  |  |
| <b>D</b> .  | INFANTE, DANIEL S III             |                                |                   | 636 BOXCOVE PLACE                              |                                 | DIAMOND BAR CA 91765  |                           |  |  |
| D   | INFANTE, PAULETTE T               |                                |                   | 636 BOXCOVE PLACE                              |                                 |   | DIAMOND BAR CA 91765      |  |  |
|   |                                   |                                |                   |  |                                 | 100   | hr.                       |  |  |
|   | 8. Name                           | e and Address of Current I     | Registered Age    | nt   |                                 | Name and Address of New Registered Agent                                      |                           |  |  |
| YLAGAN, CECILIA L<br>1221 TREESDALE COURT<br>WESLEY CHAPEL FL 33543 |                                   |                                |                   |  |                                 | Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. |                           |  |  |
|   |                                   |                                |                   |  | City                            |   | State Z                   | ip Code  |  |
| 10. I, being<br>Signature of<br>Registered                          | f                                 | registered agent of the abo    |                   | RE   | QUIRED                          |   | 000465928<br>10/30/010109 | 835<br>5021<br>***150.00                         |  |

11. 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

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

191401

813-991-7462

Daytime Phone #

Dear Sir/Madams

This is to inform you that I have rever received the annual report/wriform fusivess report for received.

· · ·

Lincerely, Carpen Glogon MUP Trading Corp.