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2000	
Applied For	
Not Applicable	

		\- PLEA	ŠE READ	ALL INSTI	RUCTI	ONS	BEFORE (	COMPLETI	NG THIS	FORM.	1 cell
COR	PORATION STATEME			s	DEPART Jim \$ ecretary SION OF C	Smith y of Sta			02 NOV 19	ED PM12: 36 Y OF STATE EE, FLORIDA	
DOCUMENT # P000000 98614  1. Corporation Name MVTV, Inc 413 NW 15th Avenue								16	LLAHASS	EE, FĽÓRÍÐA	ı
Ft. Lauderdale, FL 33311  2. Principal Office Address  3. Mailing Office Address								Λ	Mn	`	
413 NW 15th Avenue Suite, Apt. #, etc.				Suite, Apt. #, etc. # 3				4. Date incorp	porated or Qualificeness in Florida	10'-18-	7000
City & State  Ft. Landurdale, FL  Zip Country				Ft. Landerdale, FC  Zip Country			5. FEI Numbe F65-1 0.5 6.	3065	\$9.75 Addition	Applied For  Not Applicable	
333	3331 US 3311 US CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status										
Street Address (P.O. Box Number is Not Acceptable)  1339 NE 4th Avenue  Suite, Apt. #, Etc.  City  State Zip Code											
8. I, being Signature o Registered	appointed the	1/1	_audero		・ ひくシ	familiar wit	h and accept the o	obligations of secti	on 607.0505 or 6	3312 17.0503, F.S. 11-13-02	_
9. Names	and Street Ac	Idresses	of Each Officer an	d/or Director (Flo	rida nonpro	ofit corpora	itions must list at l	east 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each City / State / Zip						
٧D	Ver	nm	Cunigar	)	413 1	υW	15th Ave	#3	FtLa	uderdale,	FZ 33311
<b>B</b> D	Vele	rie	Steven	ison	P.O.	Box	5411		Lighthous	8 Pt Fi	33074
TD	Jaco	queli	yn John	50M	272	0 Sur	nerset Pr	ive #w114	Lauden	dele Lake	5, FL 33312

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, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pal

November 13, 2002

Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I called your office and spoke to a young lady regarding my corporation. I realized that I haven't received any information from the state regarding this corporation.

According to your office, I was to file a URL each year that the corporation was active. I explained to her that the business did nothing during the 2000 and 2001 year. It was not until 2002 that we got a contract to do business.

She further explained that this corporation was to file a yearly fee for keeping the corporation active. I have not received any paperwork from the Division of Corporations. She looked into the system and she said that the address that was in the system received information. That address she gave me was incorrect and she suggested that I write to you and explain it. I have not received one piece of information from your office.

My corporation has to be reinstated according to her and that I was to enclose a check for \$300 for two years 2000 and 2001.

Enclosed is the check for the \$300 and please send all correspondence to this following address:

Vernon Cunigan 413 NW 15<sup>th</sup> Avenue, #3 Ft. Laudérdale, FL 33311 (954) 462-5967

If I can assist you further, please contact me.

Sincerely,

Vernon Cunigan

VP .

gam pringga sa karamtan ing pamban ketarah di lagi dalah tepata berasilah di Penangganggang dan karanggan kemanggan kenanggan dalah di lagi dan penanggan

THE SECOND WAS TURNED IN THE PRINT OF CHECKING ON