

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:58

DOCUMENT # P01000001562

1. Corporation Name

SVR SECURITIES, INC.

Principal Place of Business

3517 N. LECANTO HWY.
BEVERLY HILLS FL 34465

Mailing Address

3517 N. LECANTO HWY.
BEVERLY HILLS FL 34465



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

5. FEI Number

59-3689892

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 3	City / State / Zip 4
P	VAIKUNTA M. GULIVINDA	3517 N. LECANTO HWY BEVERLY HILLS	BEVERLY HILLS, FLORIDA, 34465

400004669884--7
-11/06/01--01091--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/01

AD

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 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

Date

Daytime Phone #

-2-

SVR Securities, Inc.
Member NASD/SIPC

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

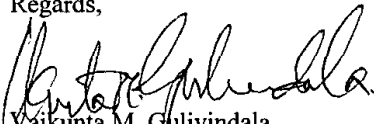
Corporation Name: SVR Securities, Inc
Document #: P01000001562

To Whom It May Concern:

We are in receipt of a document "Certificate of Administrative Dissolution or Revocation"- stating that we have not filed a 2001 corporation annual report/uniform business report. We have just moved from NY and have completed the move on April 2001. We never received any forms from your office requesting an annual report/uniform business report. I have enclosed an Annual Report Fee, and a Corporate Supplemental Fee- totaling 150.00 dollars. I feel that this dissolution of our corporation is an unfair way to greet a new corporation into your state.

I would appreciate if your organization could re-instate our corporation and waive any fees. Please resend any necessary forms to the above address. Thank you in advance.

Regards,


Vaikunta M. Gulivindala
President.