

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 23 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000024216**

1. Corporation Name

FVT, INC

W11-45560

2. Principal Office Address - No P.O. Box #

13027 NW 7 AVE

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

N. MIAMI, FL

City & State

Zip

33168

Country

USA

Zip

Country

REINSTATEMENT

CR2B08T (1.1/10)

10-11

4. Date incorporated or Qualified
To Do Business in Florida

3/8/01

5. FEI Number

65-1097999

☐ 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

FRANK VANFUYL

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

13027 NW 7 AVE

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33168

800211667908

12/09/11--01031--017 **600.00

800211667908

09/01/11--01018--005 **300.00

800211667908

02/22/12--01023--007 **150.00

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

[Signature]

Date

1/17/12

REGISTERED AGENT MUST SIGN

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
P	FRANK VANFUYL	13027 NW 7 AVE	N. MIAMI, FL 33168
ST	MARIA VANFUYL	13027 NW 7 AVE	N. MIAMI, FL 33168

10. E-mail Address: **frankvantuy1@yahoo.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE

[Signature]

FRANK VANFUYL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/12

Daytime Phone #

305-401-1592