

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 25 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO/000032342**

1. Corporation Name

DARVI INTERNATIONAL, INC.

2. Principal Office Address

14110 Innerarity Point. Rd.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Zip

32507

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 29, 2001

5. FEI Number

20-2550828

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

Rene Cohn

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

14110 Innerarity Point Road

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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]

REGISTERED AGENT MUST SIGN

Date March 23, 2005

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
Preside	Rene Paul Cohn Jr.	14110 Innerarity Point Road	Pensacola, FL 32507

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 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]

RENE P. COHN JR.

March 23, 2005

801-390-8916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)