

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 22 PM 1:45

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600134334406
08/11/08--01057--011 **500.00

CR2E081 (12/07)

DOCUMENT # 901000050978

1. Corporation Name

IVEC SERVICES, INC

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

13042 SW 143 Terrace

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

5. FEI Number

65-1118392

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

ESTEBAN J. SZAUER

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

13042 SW 143 Terrace

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 08/06/2008

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
PR.	CRISTOBAL HERNANDEZ	13042 SW 143 Terrace	MIAMI, FL 33186
V. PR	IVONNE GUZMAN	13042 SW 143 Terrace	Miami, FL 33186
Director	Esteban Szauner	13042 SW 143 Terrace	Miami, FL 33186

REINSTATEMENT 05-08 PB 9/22/08

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 contained in Chapter 119, 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]

ESTEBAN J. SZAUER 08/06/08

786-553-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #