

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 12:45

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101838

1. Corporation Name

BVLV INC.

2. Principal Office Address

2101 Brickell Ave.

Suite, Apt. #, etc.

Suite 1002

City & State

Miami, FL

Zip

33129

Country

3. Mailing Office Address

2101 Brickell Ave.

Suite, Apt. #, etc.

Suite 1002

City & State

Miami, FL

Zip

33129

Country

REINSTATEMENT 02-06
COR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1146222

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

Annabella Vielma

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

2101 Brickell Ave.

Suite, Apt. #, Etc.

Suite 1002

City

Miami

State

FL

Zip Code

33129

700065073327

02/02/06--01017--009 *1350.00

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

Date

01-18-06

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
D-S-T	Luis Vielma Lobo	2101 Brickell Ave. #1002	Miami, FL 33129
D-P	Virginia Lobo Vielma	2101 Brickell Ave. #1002	Miami, FL 33129

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/18/06

Daytime Phone #