

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 17 1AM 194 199 19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000111845

**1. Corporation Name**

MVDB SOFTWARE, CORP.

**2. Principal Office Address**

14359 Miramar Parkway

Suite, Apt. #, etc.

# 233

City & State

Miramar, FL

Zip

33027-4134

Country

USA

**3. Mailing Office Address**

14359 Miramar Parkway

Suite, Apt. #, etc.

# 233

City & State

Miramar, FL

Zip

33027-4134

Country

USA

**4. Date incorporated or Qualified**

To Do Business in Florida: 11/26/2001

**5. FEI Number**

65-1155169

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

FRANCISCO J. RONDON SR.

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

3741 SW 160TH AVE

Suite, Apt. #, Etc.

Apt. # 203

City

Miramar

State

FL

Zip Code

33027

**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

REGISTERED AGENT MUST SIGN

Date 5/12/2003

**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
PVST	FRANCISCO J. RONDON SR.	3741-SW 160TH AVE APT # 203	Miramar, FL 33027

**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

FRANCISCO J. RONDON

5/12/2003

(305) 343-6947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5/12/03