

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02 0000 16135

1. Corporation Name

M & V TERMINAL, INC.

REINSTATEMENT

03

000021497340
11/07/03--01001--021 **8.75

2. Principal Office Address

3630 NW NORTH RIVER DR.
Suite, Apt. #, etc.

3. Mailing Office Address

3630 NW NORTH RIVER DR
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

DADE

Zip

33142

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/2002

5. FEI Number

35-2160798

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

Clifford Kurnfield

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

11400 SW 65CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Clifford Kurnfield
REGISTERED AGENT MUST SIGN

Date

10-28-03

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	<u>Moise Volmar</u>	<u>3630 NW North River Dr</u>	<u>MIAMI, FL 33142</u>
V	<u>MARIE S. JEANTY</u>	<u>3630 NW North River Dr</u>	<u>MIAMI, FL 33142</u>

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:

MARIE S. JEANTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/2003

Daytime Phone #

(305) 638-0936

CR2001 (10/02)