

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 11 AM 8:40

DOCUMENT # P02000044366

1. Corporation Name

MVT CORP.

2. Principal Office Address

9050 Pines Blvd

Suite, Apt. #, etc.

Suite 415

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

2852 S.W. 130 Ter

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4-24-2002

5. FEI Number

04-3648168

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

Abel Henriquez

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

2852 S.W. 130 Ter

Suite, Apt. #, Etc.

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

Abel Henriquez

Date 8-7-06

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
P.	Abel Henriquez	2852 S.W. 130 Ter	Miramar, FL 33027
			100078730771 08/15/06--01043--021 **Ann on

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:

Abel Henriquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-06 954-803-7892

Date

Daytime Phone #

2 of 2

MVT CORP.
2852 SW 130 TER
MIRAMAR, FL 33027
954-803-7892

August 7, 2006

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Department of State,

This letter is to confirm that I never received notification concerning the "**ADMIN. DISSOLUTION FOR ANNUAL REPORT**". Please waive the "Reinstatement Fee", in order to allow me to continue to do business. I have enclosed a check in the amount of **\$600**, to cover the Annual Report Fee and Corporate Supplemental Fee from **2003-2006**. In addition, please update my Business address and Mailing address. Please also update my EIN. I have attached a copy of my EIN which is **04-3648168**. If you have any questions, please do not hesitate to contact me. Thanks in advance, for your attention.

Very truly yours,



Abel Henriquez
President
MVT CORP
954-803-7892