

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 12 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000071642*

1. Corporation Name

MVS Builders Inc.

2. Principal Office Address

1521 Alton Rd

Suite, Apt. #, etc.

#97

City & State

Miami Beach FL

Zip

33139

Country

3. Mailing Office Address

1521 Alton Rd.

Suite, Apt. #, etc.

#97

City & State

Miami Beach FL

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/02

5. FEI Number

04-3696122

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

Mauricio Vargas

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

1521 Alton Rd

Suite, Apt. #, Etc.

Ste 97

City

Miami Beach

State

FL

Zip Code

33139

000030379910
03/12/04 01046 000 **550 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

[Signature]

Date

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
PSD	<i>Mauricio Vargas</i>	<i>1521 Alton Rd Ste 97</i>	<i>Miami Beach FL 33139</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

MVS BUILDERS, INC

**1521 ALTON ROAD # 97
MIAMI BEACH, FLORIDA 33139**

March 9, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Attn: Reinstatement Section

Re: Document # P02000071642

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation for the years 2003 & 2004. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,


Mauricio Vargas
President