

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P3182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 10 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000082691

1. Corporation Name

Lyanvi, Inc.

REINSTATEMENT 04-05

2. Principal Office Address

1120 NW 43rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

1120 NW 43rd St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

7/28/03

5. FEI Number

32-0087426

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

Andrea K. Sanchez

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

1120 NW 43rd St.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33309

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]

REGISTERED AGENT MUST SIGN

Date

11/8/05

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	Andrea Sanchez	1120 NW 43 rd St.	Ft. Lauderdale FL 33309
VP	Juan Sanchez	1120 NW 43 rd St.	Ft. Lauderdale FL 33309

300061340993
11/10/05--01034--001 **300.00

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]

Andrea Sanchez

Date

11/8/05

Daytime Phone #

954 658 8575

PS 2 of 2

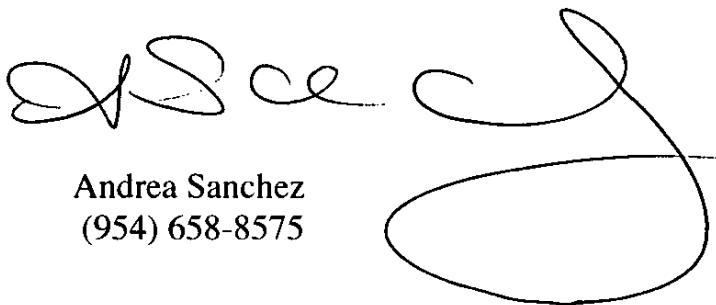
Lyanvi, Inc.
Document#P0300082691
Authentication Code: 030729134624-100021918141#1
1120 NW 43rd Street
Ft. Lauderdale, FL 33308
(954) 658-8575

November 8, 2005

To Whom It May Concern:

I spoke to one of your representatives on the 14th of October 2005. I explained to her that we were not aware of the yearly renewal, as we have never received any renewal notices, had we received them this would have been addressed prior to this date. We were also not aware that our corporation was expired. Our accountant drew up our papers and we thought the situation was covered.

I was told by your representative to send in writing an explanation of why it is expired, the reinstatement, and the \$300 fee. Unfortunately, as you well know we do not receive any paychecks unless this matter is resolved. Enclosed is a check for \$300 and the reinstatement papers. Please feel free contact me @ (954) 658-8575. Thanks in advance for your cooperation.



Andrea Sanchez
(954) 658-8575