

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC 14 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0400001240Z

1. Corporation Name

MPV International Inc.

2. Principal Office Address - No P.O. Box #

5451 SW 41st

Suite, Apt. #, etc.

3. Mailing Office Address

5451 SW 41st

Suite, Apt. #, etc.

City & State

Pembroke Park FL

City & State

Pembroke Park FL

Zip 33023

Country USA

Zip 33023

Country USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1/07

5. FEI Number

☒ 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

Claire Rene

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

5451 SW 41st

Suite, Apt. #, Etc.

City

Pembroke Park

State

FL

Zip Code

33023

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Claire Rene

REGISTERED AGENT MUST SIGN

Date 12/10/07

**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	Chris Bissainthe	5451 SW 41st	Pembroke Park FL 33023
VP	Claire Rene	5451 SW 41st	Pembroke Park FL 33023

300113136213  
12/14/07--01010--018 \*\*1050.00

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 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:

Claire Rene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/07 786 525-5985

Date

Daytime Phone #

ClaireRene08@yahoo.com

B. Mitchell DEC 14 2007