

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 19 PM 1:46

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

400095148174  
03/28/07--01021--007 \*\*450.00

**REINSTATEMENT** 05-07

CR2E081 (1/07)

DOCUMENT # P04000057116

**1. Corporation Name**

CRIVO REPAIRS INC.

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

615 84 STREET

Suite, Apt. #, etc.

3

City & State

MIAMI BEACH

Zip

FL

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**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

EDUARDO CRIVOCAPICH

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

615 84 STREET

Suite, Apt. #, Etc.

3

City

MIAMI BEACH

State

FL

Zip Code

33141

☐ 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

X

REGISTERED AGENT MUST SIGN

Date 3/15/07

**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	EDUARDO CRIVOCAPICH	615 84 STREET # 3	MIAMI BEACH FL 33141
VP	YUDIT MURANA	615 84 STREET # 3	MIAMI BEACH FL 33141

**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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

Daytime Phone #

FICPA MEMBER

**MFR & Associates**

AICPA MEMBER

Accountants & Consultants

220 71<sup>st</sup> Street Suite 209

Miami Beach, FL 33141

Off (305) 864-7706

Fax (305) 864-7960

March 15, 2007

FL Dept. of State  
FL Div. of Corp.

Ref: CRIVO REPAIRS INC  
Doc. # P04000057116

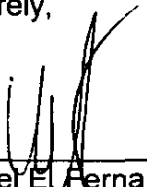
Dear Sir or Madam:

I am writing to you on behalf of CRIVO REPAIRS INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2005, 2006 & 2007; we obtained from the internet and a check for \$ 450.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help and understanding to this matter.

Sincerely,

  
\_\_\_\_\_  
Manuel E. Fernandez  
Accountant