PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR 26 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P04000118773

1. Corporation Name

SFLMAVEN, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2485 EAST SUNRISE BLVD.		2485 EAST SUNRISE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
201A		201A	
City & State		City & State	
FT. LAUDERDALE, FLORIDA		FT. LAUDERDALE, FLORIDA	
Zip	Country	Zip	Country
33304	USA	33304	USA

4. Date Incorporated or Qualified To Do Business in Florida
08/16/2004

5. FEI Number
20-1507877 — 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
PAUL SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable)
7860 PETERS RD

Suite, Apt. #, Etc.
F110

City	State	Zip Code
PLANTATION	FL	33324

300271142373
03/27/15--01016--005 **785.00

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 _____ Date 3/10/2015
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
PVST	JOSEPH R. LADIN	2485 EAST SUNRISE BLVD.	FT. LAUDERDALE, FL.33304
		#201A	
			S. HAWKES
	REINSTATEMENT		MAR 27 A.M.
			EXAMINER

10. **E-mail Address:** PAUL@SCHNEIDERASSOC.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 3/11/2015 954-655-9794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #