

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

DOCUMENT# P04000123024

Entity Name: ALVI INVESTMENT CORP.

**Current Principal Place of Business:**

C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
SANTO DOMINGO, XX

**New Principal Place of Business:**

C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
SANTO DOMINGO, DN DN DR

**Current Mailing Address:**

C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
SANTO DOMINGO, XX

**New Mailing Address:**

C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
SANTO DOMINGO, DN DN DR

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD STE 4000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDDIE FEENANE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUZ, ALBERTO  
Address: C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
City-St-Zip: SANTO DOMINGO, DR

Title: D ( ) Delete  
Name: RAVELO, VIVIAN M  
Address: C/O CONDOMINIO TORRE MARIA ISABEL APTO 302  
City-St-Zip: SANTO DOMINGO, DR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO CRUZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIRE

03/16/2006

\_\_\_\_\_  
Date