

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000147790

1. Corporation Name

PVCO, INC

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

28 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Dania, Florida

Zip

33004

Country

USA

3. Mailing Office Address

PO Box 1561

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

7. Name and Address of Current Registered Agent

Name

Peter Partos

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

28 N. Federal Hwy

Suite, Apt. #, Etc.

City

Dania, Florida

State

FL

Zip Code

33004

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

Peter Partos

REGISTERED AGENT MUST SIGN

Date

8/04/08

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
Pres.	Peter Partos	28 N. Federal Hwy	Dania, Florida 33004
Dir.	Peter Partos	28 N. Federal Hwy	Dania, Florida 33004

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:

Peter Partos

Peter Partos, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08

Date

954-709-4644

Daytime Phone #

FILED

2008 AUG 11 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800134333728

08/11/08--01054--016 **1208.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

October 26, 2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.