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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 JUL 30 PM 8:25
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P04000159896		
1. Corporation Name MVI TECHNOLOGY INC.		

2. Principal Office Address - No P.O. Box if 2002 Summit Blvd.		3. Mailing Office Address 2002 Summit Blvd.	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700	
City & State Atlanta, Georgia		City & State Atlanta, Georgia	
Zip 30319	Country USA	Zip 30319	Country USA
7. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324

REINSTATEMENT
CR25061 (12/08)

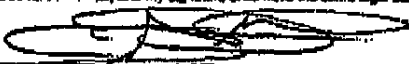
4. Date Incorporated or Qualified To Do Business in Florida 11/23/2004	
5. FEI Number 55-0886822	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 3975 Affidavit of Existence for a Certificate of Status	
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent  Date 7/30/2009
Danny Verdechia, Jr. ASSET PROTECTOR MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
President	Gregor Morels	2002 Summit Blvd. Suite 700	Atlanta, GA 30319
Secretary	Derrick Anderson	2002 Summit Blvd. Suite 700	Atlanta, GA 30319

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 118, 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:  **DERICK D. Anderson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/30/09 678-259-8526
 Statewide Phone #

2082

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT**MVI TECHNOLOGY INC.**

Certificate of Status	0
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