2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000162451

1. Entity Name
MAVI LOPEZ, INC

Principal Place of Business	Mailing Address
566 SE FLORESTA DR PORT ST LUCIE, FL 34983	566 SE FLORESTA DR PORT ST LUCIE, FL 34983

09182007 **REINSTATEMENT** (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite. Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number
20-1971126

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, MARCO T 566 SE FLORESTA DR PORT ST LUCIE, FL 34983	Name Street Address (P.O. Box Number is Not Acceptable) City ___ **FL** ___ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After January 1, 2008, Fee will be $300.00**		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, MARCO T 566 SE FLORESTA DR PORT ST LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110058277 09/28/07--01044--014 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, CLAUDIA 566 SE FLORESTA DR PORT ST LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 10/3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #