

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 31 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000167454

1. Corporation Name

LE VIV EXPORTERS & IMPORTERS INC

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

8828 SW 72 ST

Suite, Apt. #, etc.

B-110

City & State

MIAMI-FL

Zip

33173

Country

3. Mailing Office Address

8828 SW 72 ST

Suite, Apt. #, etc.

B-110

City & State

MIAMI-FL

Zip

33173

Country

REINSTATEMENT 05-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/14/2004

5. FEI Number

☒ 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

GLORIA L. MARTINEZ

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

8828 SW 72 STREET

Suite, Apt. #, Etc.

B-110

City

MIAMI

State

FL

Zip Code

33173

☐ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X GLORIA L. MARTINEZ

Date 10/28/07

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
P	GLORIA L. MARTINEZ	8828 SW 72 ST #B-110	MIAMI FL 33173
	M/11/2		

000111554470
10/31/07--01047--009 **450.00

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:

X GLORIA L. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/07

FICPA MEMBER

MFR & Associates

AICPA MEMBER

Accountants & Consultants

300 71st Street Suite 505

Miami Beach, FL 33141

Off (305) 864-7706

Fax (305) 864-7960

October 29, 2007

FL Dept. of State
Fl. Div. Of Corp.

RE: LE VIV EXPORTERS & IMPORTERS, INC.
Doc # P04000167454

Dear Sir or Madam:

I am writing to you on behalf of LE VIV EXPORTERS & IMPORTERS, INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2005,2006,2007 we obtained from the internet and a check for \$450.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez
Accountant