PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P05000054325 1. corporation Name REAL VALUE INVERTORS GROUP, INC 2. Principal Office Address - No P.O. Box # 4874 NW 110 PL Suito, Apt. #, etc. 1. Date Incorporated or Qualified To Do Business in Florida O4/13/2005 5. FEI Number To Do Business in Florida O4/13/2005 5. FEI Number To Do Business in Florida O4/13/2005 5. FEI Number To Do Business in Florida O4/13/2005 5. FEI Number To Do Business in Florida O4/13/2005 5. FEI Number The reinstatement fee is imposed, exceptional of the professional of the professional of the profession of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Titles Name of Officers and/or Directors Name of Officers and/or Di	FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	FILED 08 FEB -7 PM 2: 23	
REAL VALUE INVERTORS GROUP, INC 2. Principal Office Address - No P.O. Box #	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE	
Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida O4/13/2005 FEI Number FINAMBER SPET Number Suite, Apt. #, etc. Suite, Apt. #, etc. Country 33178 USA Suite To Do Business in Florida O4/13/2005 SETS Additional Fee To to Certificate of To Do Business in Florida O4/13/2005 FEI Number Suite, Apt. #, etc. The reinstatement fee is imposed, exception and Address of Current Registered Agent Whamas JOSE A LARICCHIA Suite, Apt. #, Etc. The reinstatement fee is imposed, exception and the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. Suite, Apt. #, Etc. City MIAMI Suite, Apt. #, etc. The reinstatement fee is imposed, exception and the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. Suite, Apt. #, etc. The reinstatement fee is imposed, exception and the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. Suite, Apt. #, etc.	VALUE INVERTORS GROUP, INC	PACCOTING SECTION OF THE PACCOTING ASSETS AS A SECTION OF THE PACCOTING AS A SECTION OF THE PACC	
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City & State MIAMI FL Zip Country 33178 USA Country The reinstatement fee is imposed, excepting the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatement fee be waived. City MIAMI State State Signature of Registered Agent REGISTERED AGENT MUST SIGN P JOSE A LARICCHIA AR74 NW 110 PL MIAMI FL 33178 MIAMI FL 33178 P JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178			
City & State MIAMI FL Zip 33178 USA Country 33178 USA Country 33178 USA Country 33178 USA Country 33178 USA CERTIFICATE OF STATUS DESIRED SA75 Additional Fee for a Certificate of STATUS DESIRED The reinstatement fee is Imposed, exceptional fee in circumstances which the entity did not recircumstances whi	4. Date incorporate		
MIAMI FL Zip Zip Zip Zip Zip Zip State Certificate of Status Desired The reinstatement fee is imposed, exception of circumstances which the entity did not recommend to the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. Site Address (P.O. Box Number is Not Acceptable) AB74 NW 110 PL Suite, Apt. #, Etc. City MIAMI B. 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 REGISTERED AGENT MUST SIGN P. 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 Addresses of Each Officer and/or Director A874 NW 110 PL MIAMI FL 33178 WIAMI FL 33178	City & State	04/10/2000	
33178 USA 33178 USA 7. Name and Address of Current Registered Agent Name JOSE A LARICCHIA Street Address (P.O. Box Number is Not Acceptable) 4874 NW 110 PL Suite, Apt. #, Etc. City MIAMI 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 REGISTERED ASENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors V The reinstatement fee is imposed, exception circumstances which the entity did not rective prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. State Zip Code REGISTERED ASENT MUST SIGN Date 2-6-2008 PLUISA E SILVA 4874 NW 110 PL MIAMI FL 33178 MIAMI FL 33178	L MIAMI FL	Not Applicable	
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JOSE A LARICCHIA Street Address (P.O. Box Number is Not Acceptable) 4874 NW 110 PL Suite, Apt. #, Etc. City MIAMI 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 REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178 The reinstatement fee is imposed, except circumstances which the entity did not rective the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatement fee be waived. State P. J. Dock and P. Dock and P	7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 4874 NW 110 PL Suite, Apt. #, Etc. City MIAMI 8. I, being appointed the prejictered 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 P. 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 P. JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178 Circumstances which the entity did not rectone the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived. State Zip Code 93178 Date 2-6-2008 Street Address of Section 607.0505 or 617.0503, F.S. Date 2-6-2008 MIAMI FL 33178 VP LUISA E SILVA 4874 NW 110 PL MIAMI FL 33178			
Suite, Apt. #, Etc. City MIAM! State FL 33178 Date 2-6-2008 Street Addresses of Section 607.0505 or 617.0503, F.S. Date 2-6-2008 Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Director City / State / Zip P JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178 VP LUISA E SILVA 4874 NW 110 PL MIAMI FL 33178	Street Address (P.O. Box Number is Not Acceptable)		
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Signature of Registered Agent	State Zip Code	ived.	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178 VP LUISA E SILVA 4874 NW 110 PL MIAMI FL 33178	Signature of Registered Agent A. Lauchia Date 2-6-2008		
P JOSE A LARICCHIA 4874 NW 110 PL MIAMI FL 33178 VP LUISA E SILVA 4874 NW 110 PL MIAMI FL 33178	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
VP LUISA E SILVA 4874 NW 110 PL MIAMI FL 33178		City / State / Zip	
	JOSE A LARICCHIA 4874 NW 110 PL MI	IAMI FL 33178	
900118351559 02/19/0801047023 **450.00	LUISA E SILVA 4874 NW 110 PL MI	IAMI FL 33178	
	900 02/19/08	118351559 301047023 **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 for 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 forward by the corporation have been paid and the names of individuals isted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information individuals in the amount of the same legal effect as if made under oath. SIGNATURE: 2-6-2008 Davime Phone #			