


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059855	
1. Entity Name MRV INVESTMENTS CORP.	

Principal Place of Business 8325 NW 53 ST., SUITE 102 MIAMI, FL 33166 US	Mailing Address CODIGO #CPS 10417, P.O. BOX 149020 CORAL GABLES, FL 33114-9020
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2. Principal Place of Business - No P.O. Box # 7999 NW 53 Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DORAL, FL	City & State
Zip 33166	Country USA

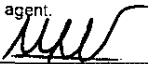


02222007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3140570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

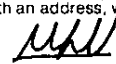
6. Name and Address of Current Registered Agent	
RAMOS, MAURICIO 10191 WEST SAMPLE ROAD 219 CORAL SPRINGS, FL 33065	

7. Name and Address of New Registered Agent	
Name Ramos, Mauricio	
Street Address (P.O. Box Number is Not Acceptable) 7999 NW 53 Street	
City DORAL	FL Zip Code 33166

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.	MAURICIO RAMOS (NOTE: Registered Agent signature required when reinstating) DATE 02/22/2007

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, MAURICIO 10191 WEST SAMPLE ROAD #219 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramos, mauricio 7999 NW 53 Street Doral, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	MAURICIO RAMOS, P. Date 02/22/07 Daytime Phone # 786-399-9145

2/28 aw