

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 18 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000075987

1. Corporation Name

MVP INVESTORS INC

2. Principal Office Address - No P.O. Box #
4474 WESTON RD

3. Mailing Office Address
4474 WESTON RD

Suite, Apt. #, etc.
#143

Suite, Apt. #, etc.
#143

City & State
WESTON FL,

City & State
WESTON FL,

Zip
33331

Country
USA

Zip
33331

Country
USA

REINSTATEMENT 6107

4. Date Incorporated or Qualified
To Do Business in Florida **05/23/2005**

5. FEI Number

20-3701959

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
DANIEL VILLASMIL

Street Address (P.O. Box Number is Not Acceptable)
4474 WESTON RD

Suite, Apt. #, Etc.
#143

City
WESTON

State
FL

Zip Code
33331

☒ 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

REGISTERED AGENT MUST SIGN

Date **09/30/07**

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	DANIEL VILLASMIL	4474 WESTON RD	WESTON FL, 33331
VP/O	EVELIO HERNANDEZ	1269 CHENILLE CIR	WESTON FL, 33327
S	GABRIELA EVANOFF	1269 CHENILLE CIR	WESTON FL, 33327

200110949252
10/18/07--01021--025 ***300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/07

Date

954-288-7230

Daytime Phone #

2007 OCT 18 2007