

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000130029 1. Entity Name VIVE INVESTMENTS INC						FILED 08 MAR 25 PM 12: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18851NE 29TH AVENUE 720 AVENTURA, FL 33180 US				Mailing Address 18851NE 29TH AVENUE 720 AVENTURA, FL 33180 US			
2. Principal Place of Business - No P.O. Box # 18205 BISCAYNE BLVD Suite, Apt. #, etc. STE 2202				3. Mailing Address 18205 BISCAYNE BLVD Suite, Apt. #, etc. STE 2202			
City & State AVENTURA FL				City & State AVENTURA FL			
Zip 33160		Country US		Zip 33160		Country US	
4. FEI Number 20-3504933				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SERFATI, JACOB 18851 NE 29TH AVENUE 720 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name JACOB SERFATI Street Address (P.O. Box Number is Not Acceptable) 18205 BISCAYNE BLVD STE 2202 City AVENTURA <div style="float: right;"> State FL Zip Code 33160 </div>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				JACOB SERFATI <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-19-08 <small>DATE</small>	
FILE NOW!!! FEE IS \$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 SERFATI, JACOB <input type="checkbox"/> Delete 18851 NE 29TH AVENUE STE 720 AVENTURA, FL 33180			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SERFATI, JACOB 18205 BISCAYNE BLVD STE 2202 AVENTURA FL 33180		
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		
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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:				JACOB SERFATI		3-19-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	