

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 13 PM 12:27

DOCUMENT # **P06000042865**

1. Corporation Name

CV BUSINESS ENTERPRISES INC

500177068595
04/22/10--01028--007 **300.00

CR2E081 (11/09)

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

14291 SW 38 ST

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33175

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-24-2006

5. FEI Number

20-4558877

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

CARLOS E VELASQUEZ

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

14291 SW 38 ST

Suite, Apt #, Etc.

City

MIAMI

State

FL

Zip Code

33175

☒ 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

Carlos E Velasquez
REGISTERED AGENT MUST SIGN

Date **04/16/10**

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	CARLOS E VELASQUEZ	14291 SW 38 ST	MIAMI, FL 33175
V	DIANA I RIVERA	14661 SW 31 ST	MIAMI, FL 33175

REINSTATEMENT

B 5/13/10

09-10

10. E-mail Address: **CV4BUSINESS@YAHOO.COM**

(To be used for future annual report notification)

11. 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, I further certify, 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:

Carlos E Velasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/10

Date

Daytime Phone #