

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000058474

1. Corporation Name

DVD2LEARN

2. Principal Office Address - No P.O. Box #  
13260 SW 108 ST CIR

Suite, Apt. #, etc.

3. Mailing Office Address  
13260 SW 108 ST CIR

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33186

Country  
USA

Zip  
33186

Country  
USA

7. Name and Address of Current Registered Agent

Name  
JAVIER RIVERO

Street Address (P.O. Box Number is Not Acceptable)  
13260 SW 108 ST CIR

City, State & Zip

City  
MIAMI

State  
FL

Zip  
33186

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

8/18/2009

REGISTERED AGENT MUST SIGN

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	JAVIER RIVERO	13260 SW 108 ST CIR	MIAMI, FLORIDA 33186

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:

JAVIER RIVERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2009

786-252-1780

Date

Daytime Phone #

FILED

09 AUG 28 AM 11:54

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida  
4/24/2006

5. Previous  
NONE

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
 \$8.75 Additional Fee required  
for a Certificate of Status

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.